MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HATO DE LONG ANGL. ANGL. SHOT BUREAU V. S. ECEDAL Managarilar and the Local College of the

leose exe	should be		cremotion,
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If ony deloy is necessory, please exe-	r. Poge 4		TO FUN. L DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the regimental prior to buriof, cremation,
y is ne	Sirecto	ies.	prior
ny dele	nerol c	yay	16
If or	the fu	Joj pa	the re
death	d 3 to	retoine	2 with
s offer	, 2, on	dy be	I and
24 hour	oges 1	ge 5 m	poges
vithin 2	Give F	43. Po	t. File
cuted v	m 18.	arm PA	t permi
exe ec	I in the	with f	-transi
hould	penci	olong	pario o
icote s	ing" ir	Office	ed os c
s certif	pend.	niner's	be us
ER: Thi	b word	ol Exon	should
AMIN	ling the	Medic	Poge 3
CAL EX	le, wri	Chief	CTOR:
MEDI	ertifico	to the	DIRE
EPUTY	s the c	wer for	N. N.
TOD	cut	for	TO F

(N)	0794 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH 07899
	1. PLACE OF DEATH o. COUNTY Washington MARYLANG	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) Marvland Washington
	b. CITY OR TOWN (II suitide corporate limits, write RURAL c. LENGTH OF STAY IN 16 near Sharpsburg 1 Hour	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Hagerstown
80	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Taylors Landing	d. STREET ADDRESS  405 Elizabeth ct  9. IS RESIDEN ON A FARI YES \( \) NO
	3. NAME OF First Middle (Type or print) CHARLES EDWARD	BARKLOW 4. DATE Month Day Year July 19 1957 19
( »	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED       Male   White   WIDOWED   DIVORCED	Sep t 8 1897 59 yrs. Months Days Haurs Min.
U	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if refired)  Maintenance County Roads Dept	Shippensburg Cumber. Co USA
	James Barklow	Helen R. Fogle
0	New on the unbeaming to the second section of the section of the second section of the section of t	rs Ethel M. Barklow 405 Elizabeth
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Asphyxia due	
<b>/</b>	Canditions, if any, which gove rise to immediate cause (a), staling the underlying cause lost.	ic coronary heart disease 10 yrs
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED?  YES NO
	CAUSE OF DEATH. Drowned while st	(Enter nature of injury in Part I ar Part II of item 18.) wimming in river
21		River Taylor's Landing Wash Md
	death resulted from: Notural couses , Accident , Su	ove, held an Autopsy, Inspection, Inquiry, and find to icide, Homicide, Undetermined couse
2	EXAMINER'S NAME (Type) S. Robert Wells, M.D.	M.D. CHIEF MEDICAL EXAMINER []  ASSISTANT MEDICAL EXAMINER []  DEPUTY MEDICAL EXAMINER []  7-20-57
	220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Burial 7/23/57 Rose Hill	Cemetery Hagerstown Wash. Co. Md.
18	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K. Coffman Hagerstown Md.	DATE 1 2 3 195 Temer Dayer

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BOKEVO A. E

10 S4 1057

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CONOCOCHEAGUE BIG POOLE DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION NURSING TEWAY HOME YES NO T NAME OF First Middle 4. DATE last Month Day Year DECEASED (Type or print) DEATH 1957 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost burthdoy) Months Days Min. DIVORCED | WIDOWED 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired} U.S.A. POOLE. carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 150 BECKLE HERSHEY BECKLEY SAMUEL mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address VA. AVE. HAG.MI 18. CAUSE OF DEATH [Enter only one couse per line for to), (b), and (c) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) g. ft. of work of work 21. I certify that battended the deceased from Lithat I last saw the deceased alive an and that death accurred as M, From the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNES 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SPRING. 15M 9/55

BUREAU V. S.

10L 26 1957

BECEIVED

# requires that the death certificate be executed within 24 hours after death. Page 4

funeral

completely

puo

00

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00000

(Stole)

DATE SIGNED

	1	04	0	38	,
Rea.	Dist.	No.	0	0	(

	07945		CERTIFIC	ATE OF DEAT	Н		Reg. Dis	U 4	3980
1. PLACE OF DEATH  o. COUNTY	ashingtor	1	MARYLAND	2. USUAL RESIDENCE (V		d fived. If institution b. COUNTY	V -		odmission)
b. CITY OR TOWN (III RUBAL and give no Sharpsb	f autside corporate fimi lorest fown) UPS	s, write	entire life	CON OR TOWN (IN		prote limits, write RU	IRAL and g	ive negre	est town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g 305 Cha			d. STREET ADDRESS	<b>h</b> apla:	in St.		1	ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Lever		Benton	Benner	4. DATE OF DEATH	Jul		Doy 2	Year 19 57
s. sex male	white	7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 27,1	.864	9. AGE (In years lost birthday) 92 yrs.			Hours Min.
10e. USUAL OCCUPATION during most of work railroa		lone 10b.	kind of Business or indu railroad	JSTRY 11. BIRTHPLACE (Stor	te or foreign c	auntry)		ZEN OF	WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Will	iam Benne	er		ur	nknown	1			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	social security no. 17.	informant Leven G. B	enner	, Sharps		M	ld.
490 K	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	1	enerally	desteur	isler	in			T 40 DEATH
Conditions, if or gove rise to in couse (a), stating ! lying couse last.	mmediate (		mone vi	name				0	xo-ag
1150	0		ONTRIBUTING TO DEATH BU				N IN PART	117	PERFORMED?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH		CRIBE HOW INJURY OCCURRI	ED. (Enter notice of injury in		1 It of item 18.)			

ottending physician TO FUNE

21. I certify that, attended the deceased from

alive on ACTUAL SIGNATURE

> PHYSICIAN'S NAME (Type)

Hour o.m.

While of work

> 22c. NAME OF CEMETERY OR CREMATORY Mountain View Cem.

and that death occurred at

22d. LOCATION (City, lown, or county) Sharpsburg, Md

(Stote)

that I last saw the deceased

220. BURIAL CREMATION, REMOVAL (Specify) Burial 7-5-57 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

foctory, street, office bldg., etc.)

24b. REGISTRAR'S SIGNATURE

(County)

M, from the causes and on the date stated above.

# MANUACO BO STADRITALD

BUREAU V. S.

2961 8 701

BECENED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASO OD STADION OF TO MANAGE STAD COULTMAN

BELLEVICE OF A SECTION OF THE PROPERTY OF THE

BUREAU V. E.

Z961 8 7A



CERTIFICATE OF DEATH 7946 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission o. COUNTY P & COUNTY MARYLAND Ē b CITY OR TOWN (If outside corporate/limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) a Q DRUPAL and give nearest town) 70 Û d. NAME OF HOSPITAL HE TOT In hospital, give street address) d STREET ADDRESS e IS RESIDENCI OR INSTITUTION ON A FARM YES | NO D 3. NAME OF First Middle 4. DATE Day Yeor DECEASED (Type or print) DEATH 107 6. COLON OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min. DIVORCED. WIDOWED [ 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 1) FIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ONG 15. WAS DECEASED EVER IN U. S ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per tipe for in), (b), and (c).] INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediale DUE TO cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, affice bldg , etc.) o. m. While Not while ot wark of work 21. I certify that attended the deceased from ...that I last saw the deceased and that death occurred M, from the causes and on the date stated above. alive on ADDRESS (Street, city or lawn, state) ACTUAL SIGNATUR 70 0 PHYSICIAN'S NAME (Type) AD. DATE THEREOF 22g BURIAL, CREMATION, AZE NAME OF CENTERY OR CREMATORY 22d LOCATION/(City, lawn, or county) (Stole) REMOVAL (Specify) 0 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY KEGISTRAR 24b. REGISTRAR'S SIGNATURE **VS A15 (4)** DATE 15 9/55

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

LISEVA A T

198 TO.

BECEINED

Y		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
( .	1	(7899 CERTIFICATE OF DEATH Reg. Dist. No. 302
director, lied with		1. PLACE OF DEATH  o. COUNTY  (A) (AS Wing to G  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived. If institution) Residence before admission)  o. STATE  O. COUNTY  (A)
funeral		b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)
y the 2 shar	4	d. NAME OF HOSPITAL (If prot in hospital give street address) OF INSTITUTION U.O.S. HOSPITAL 33 N. FOUNDRY ST. VES NOW
		3. NAME OF DECEASED (Type or print) EARL 5. Middle BINKLEY OF DEATH JULY 1 1957
pletely present		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   9 AGE (In year)   15 UNDER 1 YEAR IF UNDER 24 HRS   161 birthday)   Months Days Hours Min
carbon paper offer death.	)	100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Parties of working life, even if retired)  Salesman & Laborar General Franklin Co, Pa. 12. CITIZEN OF WHAT COUNTRY?  Laborar General Franklin Co, Pa.
2 e E.		13. FATHER'S NAME laude Binkley Carrie Lindsay
ling phys se remav n 72 hau	n	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 MORDANT Beulah Lindsay - Lizencasto, F
ne attenc		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Patence along the form of the couse per line for (a), (b), and (c).]
ed by H rmit. Ti ony ev		Canditions, if any, which gave rise to immediate DUE TO
cian. en sign onsit pe and in		Lying cause lost.  (c) July drad  (d) Authority and  (e) July drad  (f) July drad  (g) July draf  (g) July draf
g physical properties of the properties of the physical p	3	FROW anced artenurclessei, generalized YES NO []
offendin rhificate as the b an, ar r		OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)    OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTI
r this ce for use crematic		Haur o. m.  p. m.  While Not while of work at wark   factory, street, affice bldg., etc.)
the hasp R: Afte tached   burial,		21. I certify that I attended the deceased from Oct. 10, 1954, to July 1957, that I last saw the deceased alive an July 1957, and that death occurred at 2 2 M, from the causes and on the date stated above.
RECTO d be de prior to	,	ACTUAL SIGNATURE Schward W. Ditto III, M.D. 212W. Washing from St 7/1/52
3 shaul		PHYSICIAN'S Edward W. Ditto TIL M.) Hageistown, 14d  220 BURIAL CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d LOCATION (City. form, or county) (State)
TO FUN Page Phe re		226. FUNISHERAL DIRECTOR'S SIGNATURE  226. FUNISHERAL DIRECTOR'S SIGNATURE  227. FUNISHERAL DIRECTOR'S SIGNATURE  ADDRESS
S A15 (4) 5M 9/55		U.G. Mennich - Greencustle, 19 July 3.1957 Stast Bowers

TO HOSPITAL OR ATTENDING BEYELOAE: The low mquires that the death certificate be executed within 24 hours after death. Hoge 4

DECENALED

Z .V UABRUE

14

**CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p. COUNTY **b.** COUNTY Maryland Washington MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give regrest town) RURAL and give negrest (awn) Middletown Boonsboro d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Reeder Nursing Fome YES NO 3. NAME OF **Eirst** Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) William G. Boileau 19 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost/birthday) Months Davs Hours male WIDOWED TE DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Memorials U.S. Marvland salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ann Rebecca Gaver Charles E. Boileau 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Albert Boileau, Middletown. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 910 0.0 **DUE TO** Canditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stole) factory, street, affice bldg., etc.) While Not while at work at work D. III. 21. I certify that I attended the deceased from that I last saw the deceased alive on Mills and that death occurred at the M, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Lutheran Cemetery Middletovm. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Co., Middletown, Md. ULY . 25-195 John

VS A15 (4)

FUNE

HOSPITAL

BECEINED

BUREAU V. E.

24 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY ashington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES X NO Day Year July 31 1957 19 AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours YES. Md. 12. CITIZEN OF WHAT COUNTRY? Hagerstown Wash Co USA Kong Address Hagerstown Ld. R#3 INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19, WAS AUTOPSY PERFORMED? YES NO (County) (Stote)

\_\_that I last saw the deceased

BUREAU V. A.

Legg & one

7			MARYLAND S	STATE DEPARTME	NT OF HEALTH	-BALTIMORE, 18	07004		
3234			7901	CERTIFICA	TE OF DEATH	Ι,	Reg. Dist. No. 302		
	1.	PLACE OF DEATH			2. USUAL RESIDENCE (Who	ere deceased lived. If institution	Residence before admission)		
	L	Washing	ton	MARYLAND	Marylan	d b. COUNTY	ashington		
		b. CITY OR TOWN (f outside c RURAL and give nearest lown Hagerstown	orporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of	utside corporate limits, write RUR	AL and give negrest town)		
	r	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 402 Guilford Ave.  d. STREET ADDRESS 402 Guilford Ave.							
	=	NAME OF DECEASED (Type or print)	First WELDON	Middle RAYNOS	CRAM	4. DATE Month OF DEATH July	Day Year 2 19 57		
	S.				DATE OF BIRTH	9. AGE (In years of	UNDER I YEAR IF UNDER 24 HRS		
		Male Whi	ite WIDOWED		Nov.1,1888		Months Days Hours Min.		
-1	100	. USUAL OCCUPATION (Give k	und of work done 10b. Ki				12. CITIZEN OF WHAT COUNTR		
1 /		Shop Foreman		tern Md.R.R.	New York	City	U.S.A.		
)	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	· · · · · · · · · · · · · · · · · · ·		
		Weldon (	Cram		Alice	Gray			
			wor or dates of service)		FORMANT	Address			
	L	No	70	05-10-6180 Mr:	s.W.R.Cram 40	2 Guilford Ave.	Hagerstown, Md.		
		18. CAUSE OF DEATH [Enter					INTERVAL BETWEEN		
		PART 1. DEATH WAS C	TE CAUSE (o) HO	dgkin's Dise	ase.		27 months		
		, 1× ,	DUE TO						
		Conditions, if any, which gove rise to immediate	(0/						
		cotse (o), stating the under-							
	z	lying couse lost.	) (c)	INTRIBUTING TO DEATH BUT N	OT PELATED TO THE TERMIN	NAI DISEASE CONDITION CIVEN	IN PART 160] 19. WAS AUTOPSY		
0	CERTIFICATION			None.			FERFORMED? YES NO		
		200. ACCIDENT WAS UNDERSON CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING [] 206. DESCR COF DEATH EXAMINER)	RIBE HOW INJURY OCCURRED.	. (Enter noture of injury in P	ort I or Port II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Hour vs. m. p. m.	While	Not while of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State		
		21. I certify that I atte	ended the decease	From April 3	front I Farment I Union		that I last saw the deceas		
		alive an July	1257	, and that death	occurred at 2:30	M, from the causes and	d on the date stated above		
1		SIGNATURE	a/5111	e) N		ADDRESS (Street, city or town, sto			
Ÿ		PHYSICIAN'S R.A.BO	ell M.D.		119 N.Potom	ac St. Hagersto	wn,Md.		
	22	BUR AL CREMATION, 226		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, fown, or a	county) (State)		
		Burial 7	/5/57	Rest Haven (	Cemetery	Hagerstown	Md.		
		FUNERAL DIRECTOR'S SIGNAT		ADDRESS	10 4	BY REGISTRAR 24b. DEGISTR	PAR'S SIGNATURE		
		Rest Haven Fund			wn, Md.	5.1957 plu	astitone		
		Wa. a.	Horst	U-Bros					

BUREAU V. S.

OBAUSSEN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

with director

filed

the funeral should be fi

papers

corbon

0

ā

ä.

per

burial-transit een

Bued

FUNER

0

VS A15 (4)

15M 9/SS

pode

physician

death.

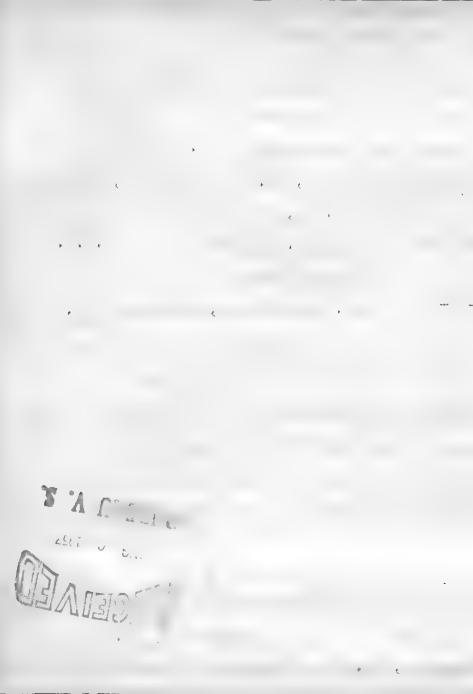
after



1961 PG 701

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



•

\$ 1

is necessary, please exe-ectar. Page 4 should be 2 pending in DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY wa ti. ton b. COUNTY " Lin \*CT MATYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neprest town) Life Williamsport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS D. Verment Street S. Vermont Stre t NAME OF First Middle 4. DATE Lost Menth regis DECEASED OF DEATH Harold Semuel Dukes July (Type or print) nd 3 to the for retained for 2 with the r S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Its years lost birthday) Nov . 29,1901 Thite WIDOWED [7] DIVORCED [T Yes. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country) during most of working life, even if retired) and Williamonort RetiredU. S. Armv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse Dukes Dora Lancaster 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Ara. Glayton Reatzer - Filli as ort, ad. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY Acute coronary thrombosis IMMEDIATE CAUSE (0) DUE TO mesenteric thrombosis Canditions, if any, which along w vine. Polebilie rt turch & les gave rise to immediate cause DUE TO (o), stating the underlying chr. thrombouhlebitis of rt. leg couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 00 iner's Of be used None 20g. EXTERNAL CAUSE WAS PRIMARY | Dr CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. NODE Lione shoutd 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) ficate, writing the worth the Chief Medical E factory, street, office bldg., etc.) While Not while o.m. none of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection 4 death resulted from: Natural causes 12. Accident . Suicide . Homicide . Undetermined cause . ACTUAL M.D. CHIEF MEDICAL EXAMINER

REMOVAL (Specify) 0 Rivervia Lo. atory ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR YS. ATSME(S) 5M 9/55

S. roturt Wells, . . J.

22c. NAME OF CEMETERY OR CREMATORY

EXAMINER'S

NAME (Type)

220. BURIAL, CREMATION, 1276, DATE THEREOF

DATE SIGNED

July 8'57

(County)

Inquiry

Rea. Dist. Na

IF UNDER TYEAR

. IS RESIDENCE ON A FARM?

YES NO 🖾

Year

10 - 1

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

2 hrs

PERFORMED?

NO K

(State)

and find that

DEPUTY MEDICAL EXAMINERS 22d. LOCATION (City, lown, or county)

ASSISTANT MEDICAL EXAMINER

ort. " el.

24b. REGISTRAR'S SIGNATURE



BUREAU V. E.

ADDRESS

Andrew K. Coffuan Hagerstown Md.

Vs A15 (4) ISM 9/55 23 FUNERAL DIRECTOR'S SIGNATURE

401 34 5

BEEFFU N. 8.

BUREAU V. E.

70F 37 102V

BECEINED

1		T	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Dr. Beachley
			07905 CERTIFICATE OF DEATH 07910 Reg. Dist. No. 302
age . will		1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  5. COUNTY  6. STATE  6. COUNTY
iled in Pr			Washington Maryland Washington
erol be	100		D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
ter de fun rould	"	L	Hagerstown 1 week Hagerstown
ofte sho	3,		II. NAME OF HOSPITAL (If not in hospital, give street address)  d STREET ADDRESS  e. IS RESIDENCE ON A FARM?
STAN GAT	- €	=	Washington County Hospital 66 Broadway YES□NO I
7 8		J.	NAME OF First Middle Lost 4. DATE Month Day Year OF OF OF The Property of Transparence of Tran
rithin 2 ely fille Poges		5	
etel K	1,		Male White WIDOWED DIVORCED Nov. 21. 1881 75 yrs Months Days Hours Min.
committee	1	10	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- 5	/ 1		Darmen Dairy Man Retired Welsh Run, Fulton Cty, Pa. U.S.A.
be extended in the results of the re	1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
orte icior e co			Davidson T. Elliott Margaret Shook
phys may hou		15  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ing Fre			no     Nore   Mrs. Viola Elliott- 66 Broadway
deat			18. CAUSE OF DEATH [Enter only one course per line for (0), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
ne of ne of ne of			PART I. DEATH WAS CAUSED BY. INCHURE Of Len. City. 6 Nago
that the thirt the thirt. The ny eve	14		Conditions, if ony, which) (b) Concussion of Brain. 6 Vays
signectiff permit permi			gove rise to immediate cattle (a), stating the <u>under-lying couse lost.</u> (c)
sicia leen rans		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
phy phy as a ial-t	0	CATION	PERFORMED? YES NO
AN: Ti ending frcate h frcate h lhe bur ar ren		CERTIF	20g. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part for Part II of Item III of It
HYSIC if ar att nis conti use as omation	,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED House a. m. White Nat white of work
Affer the ed far			21. I certify that I attended the deceased from 2 19 1 10 10 10 10 10 10 10 10 10 10 10 10 1
he had			alive an
P de Cro			ACTUAL ADORESS (Street, city or town, stolety DATE SIGNED
Prio De dio	/		SIGNATURE M.D.
R rela			PHYSICIAN'S NAME (Type) 1 N - V3 ECC 12/27
HOSP TOY be FUNE			BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Poge The re		_	Burial 7-30-1957 Rose Hill Cemetery Hagerstown, Md.
⊢ ⊢ VS A1S (4)			FUNERAL DIRECTOR'S SIGNATURE ADDRESS LABOR REC'D BY REGISTRAR 245 PEGISTRAR 245 PEGIST
15M II/5S			indrew K. Coffman, Hagerstown, Md.

BUREAU V. A.

AUG I 1957

BECEIVED

I

PRACE OF DEATH   Reg. Dist. No. 303			- MARY	LAND	STATE DEPARTA	MENT OF HEALTH	I-BAL	TIMORE, 1	8	0	MO.	
MARTLAND  MATYLAND  SITT OF DOWN IF owner expected limits, write   C. LINGTH OF STAY IN 10    LINY OF DOWN IF owner expected limits, write   24 Hrs    MISCH SCHOOL AND THE COLOR OF ACT   124 Hrs    MARTLAND   24 Hrs    MARTLAND   124 Hrs    M			<b>C79</b> 0i	5	CERTIFIC	ATE OF DEATH	4		Reg. Di	() ist. No.	30	03
B. CHY OF TOWN IF confidence capeards limits, write BURAL and give necessal form)  HERET BOWN  A NAME DOES TALL (The or indepted) give threet oddress)  ON INTERPOLATION (Coverage of the confidence of the confidence of the coverage of the	)	a. COUNTY	ington		MARYLAND	II o. STATE		. b. COUNTY		nce befor	e odmiss	ion)
A NAME OF FLOW TALL UP IN THE PROPERTY OF COUNTRY HOSPITED 1  ON MAND COUNTRY HOSPITED 27 EAST W. Shington St. IS RESIDENCE OF DEATH OF STATE OF THE PROPERTY		b. CITY OR TOWN RURAL and give I	(If outside corporate lim nearest lawn)	its, write		c. CITY OR TOWN (If o	outside corp	orate limits, write R		give nea	rest fowr	1)
ON HAMILUTON  Waited  First  Model  First  Model  First  Model  Maited  First  Model						<u> </u>	STOW	n				
DECEASE OF DEATH   ST OPEN   WALTER   NORBERT   ERNST ST   DEATH JULY 15 1957 19  5. SEX   6 COLOR OR RACE   7. MARRIED   NOVORCED   NEVER MARRIED   8 DATE OF BUTH   9. AGE [In year)   19. UNDER 174A   17 UNDER 24 HIX   19. WALTER   19. WALTER   19. WALTER   19. AGE [In year)   19. WALTER		OR INSTITUTION	. County			11	W. sh	ington	St		ON A	FARM?
Maje White widowed Dovored May 26 1882 for highery to the country Month Days Hours Asia.  100 USUAL DECURATION (Give hidd of work done) 100. RIND OF BUSINESS OR INDUSTRY 1). BETHPLACE (Stole or foreign country) Mo. 12 CHIZEN OF WHAT COUNTRY TO GET THE THE THE THE THE THE ST. LOUIS ST.		DECEASED		rst			OF					
10. SUNAL OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11.0. 12 CHIZEN OF WHAT COUNTRY of the dump and of working the years of related 11. SETHERS NAME  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECEASEDED FOR THE FORMANT		5. SEX	6 COLOR OR RACE	7. MARE	RIED MEVER MARRIED	B DATE OF BIRTH		9. AGE (In years last birthday)				_
13. FATHER'S NAME   14 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   16 MOTHER'S MAIDEN NAME   16 MOTHER'S MAIDEN NAME   17 INFORMANT   18 MOTHER'S MAIDEN NAME   18 MOTHER'S MAIDEN NAME   19 MOTHER'S MAIDEN NAME   19 MOTHER'S MAIDEN NAME   19 MOTHER'S MAIDEN NAME   19 MOTHER'S MAIDEN NAME   10 MOTH		Male	White	WIDOWI	ED DIVORCED	May 26 1882	3	75 yrs.	Menins	Days	Heurs	Min.
Elicible Ethet  15. Was deceased ever in u. s. armed forces? 16 social security no 17 informant  18. Was deceased ever in u. s. armed forces? 16 social security no 17 informant  18. Cause of Death [Enter only one couse per line for (o), (b), and (c)]  18. Cause of Death [Enter only one couse per line for (o), (b), and (c)]  19. Part I. Death was Caused by  19. May Caused of the under limited and the limited of the limited	1	Freight	ON (Give kind of work rking ife, even if retued Agent	done 10b.		A Y . A			12 CI			COUNTRY?
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT PROPERTY OF THE POWER OF COMPANY 18—12—0766 Mrs Alma Ernst 27 E. Weshington t 18—12—12—0766 Mrs Alma Ernst 27 E. Weshington t 18—12—12—12—12—12—12—12—12—12—12—12—12—12—		13. FATHER'S NAME				14 MOTHER'S MAIDEN N	IAME					
The continents   Print, gen and date of service   Tell = 12-0766   Mrs Alma Ernst 27 E. Weshington t	/	Elia	Ernst			No	Reo	ord				
NO -18-12-0766 Mrs Alma Ernst 27 E. Washington t    18 CAUSE OF DEATH [Enter only one couse per line for [o], (b), and (c)]					SOCIAL SECURITY NO 17	INFORMANT		Add	055			
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a). total gove by a conditions and the property of the prop		No		- da	8-12-0766 M	rs Alma Erns	st 27	E. Was	hing	ton	gt	
Conditions, if any, which gove rise to immediate cause (o), stating the under punction of the			ATH WAS CAUSED BY:		2011.	in Films	's tow	n Md.			ET AND	DEATH
Course (a), stating the under to lying course (ast. 1)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED. PERFORMED		Conditions, if	Conditions, if any, which ) (b) Ortenios clevosis									
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while at work of wark of wa		cause (a), stating	the under- DUE TO	:)								
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while at work of wark of wa		PART II OT	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS	AUTOPSY
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while at work of wark of wa		3 4 11 1			Bronc	ho Aneun	nau	46				
21. I certify that I oftended the deceosed from 7/4, 1957, to 7/5, 1957, that I last sow the deceased olive on 7/5, 1957, and thot deoth accurred at 1/33 M, from the couses and on the date stoted above.  ACTUAL SIGNATURE 1952, ond thot deoth accurred at 1/33 M, from the couses and on the date stoted above.  DATE SIGNED MD. 145W WO She 12 of 20 ST 2/1/3  PHYSICIAN'S NAME (Type) ROBERT V. L. Campbell Hage 75 own M.  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) W. ISIAPLE THE SIGNATURE ADDRESS PO PEC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE			AS UNDERLYING DEATH GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURP	ED (Enter nature of snjury in I	Pari I or Pa	rt (1 of item 18 )				
olive on 7/5 7, ond that death accurred at 1/33 M, from the couses and on the date stated above.  ACTUAL SIGNATURE OF COMPANY OF COUNTY		20c TIME OF INJU Hour o.m.		While	Not while fe	EACE OF INJURY (Home, form actory, street, office bldg., etc.	, 20f. (Cit	y or lown)	(	County)		(State)
olive on 7/5 7, and that death accurred at 1/53 M, from the couses and on the date stated above.  ACTUAL SIGNATURE OF COMPANY OF STORY OF		21. I certify t	hat I ottended the	deceos	ed from 7//	7 1957 to	7/	5 1957	that I	last so	w the	deceased
ACTUAL SIGNATURE DATE SIGNATURE SIGN		1	7/15	19 5	. 7	h accurred at // 53	M. fro	,				
PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Typ			00	11/1	1 1 11		ADDRESS (S	itreet, city or town,	state)			
PAME (Type) (1006 / LA COMMINION) (200 MM) (1006 / LA COMMINION) (200 MM) (	į	ACTUAL SIGNATURE	/10her	11/4	Compbell	MD. 1454	1.WC	154129	ton	57		2/12/3
DUTIAL 7/18/57 St Peters Cemetery Harpers Ferry Jefferson 60 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS		PHYSICIAN'S NAME (Type)	Rober	TV	h. Cam	phell He	age 7	stow	71	mo	1	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PEC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE		REMOVAL (Specify		7 !	d. p			_		. 00		
			R'S SIGNATURE				-		7		E	11 00
				Has	reratown Md.	Jules	18.19	57 6714	sto	Boe	Ner	20/

VS A15 (4) 15M 9/55

Andrew K. Coffman Hagerstown Md.

# BIIBEVN N. Z

ZSG 38 7 1.



	1A	1	
	Bar	ノ	
-	-	·,	
عيا:		~	- I

I

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

07907

17912 Reg. Dist. No. 322

	PLACE OF DEATH		MARYLAND	2 USUAL RE	SIDENCE (WI	iere deceased	l lived. If institut		nce before	odmlssion)	
L	TASE	TNGTON	MAKILAND	MARY	LAND		WASH	TNGT	ON		
	b. CITY OR TOWN ( RURAL and give n	f outside corporate limits, write sorest town)	c LENGTH OF STAY IN 16	e. CITY O	R TOWN (If o	outside corpo	rote limits, write I	RURAL and	give neore	est fown)	
_		RSTOWN	38 DAYS	X/ F	ROHREE	RSVIII	LE.				
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give street	oddress)	d STREET	ADDRESS					IS RESIDEN	
		GTON C UNTY	HOSPITAL.	ROL	IRERSI	/ILLE	MD.			YES NO	
	NAME OF DECEASED	First	Middle		.011	4. DATE OF	Mo	nth	Day	Year	
	(Type or print)	MARY	COUTSE	INK		DEATH	JULY 2	4 19	57	19	
5.	SEX	6. COLOR OR RACE 7. MARR	IED 🎛 NEVER MARRIED 📋	8. DATE OF 8I	RTH		9. AGE (In years lost birthday)			F UNDER 24	
L	PEMALE	WHITE WIDOW	DIVORCED [	OCTOBE	OR 12	1918	38. ya.	Months	Doys	Hours A	Win
100	during most of wor	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OF INDU	STRY 11. BIRTH	PLACE (Stote	or foreign co	ountry)	F2. CI	TIZEN OF	WHAT COL	UNTRY?
1	HOUSE WI	FE O	IN HOME	ROE	IRERSI	/ILLE	WASH C	OMD		S.A.	
13.	FATHER'S NAME			14 MOTHE	S'S MAIDEN N	NAME					
	MATTE	RICE ZECHER		OF	A A T	REGAT LET	>				
	WAS DECEASED EVE	R IN U. 5 ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	101	III TITA		fress	-		
110	NO at unknown)	(if yes, give wor at dates of service)	NONE PA	III. A. F	TNK E	ROHREI	RSVILLE	MD			
	18 CAUSE OF DEA	ATH [Enter only one couse per la			*					VAL BETWE	
	PART I. DEA	TH WAS CAUSED BY.	ulwora.	4 Een	boler				ONSE	T AND DEA	(TH
	463 X	DUE TO	4	1	/4	4		•			
	Canditians, if a	ny, which ) as The	and with	titus	Bil	ature	e Les	12-1	9	when	
	gove rise to i	mmediate DUE TO		-	100						
1	lying couse lost.	the Under-	·				U				
Z		HER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEAS	E CONDITION GE	VEN IN PAS	PT 1(a) 19	WAS AUTO	OPSY
CATION			STATE OF THE STATE	THE RECEIVED	TO THE TERM	INTERIOR		1010110		PERFORME	D?
CERTIFI	OR CONTRIBUTING	AS UNDERLYING TO 20b. DESIGNED CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture	of injury in	Port I or Pari	I II of item 18)				
	20c. TIME OF INJUI	RY Month, Day, Year 20d. II	NJURY OCCURRED 20+ PL	ACE OF INJUR	f (Home form	201 (5)	or town)	,	(County)	, (	Slote)
MEDICAL	Hour e.m.	While of wor	Not while fo	clory, sireel, of			o	<i>_</i> `	20011171	ţ,	Jiolej
	21. I certify th	nat I attended the deceas	ed from Yuas	19	1. 10 j	24 Der	Ly 18	that I	last say	w the dec	e a sed
	alive an	24 July 19	Z, and that death	accurred	/ st	M/fron	he causes	and an t	he date	stated a	abave.
		(ALD )	7			( /	reet, city or town.				SIGNED
	ACTUAL SIGNATURE	May lila	A- /	мо1	25 NO	DOT	DVIAC ST	-	71	26/6	1
П	SIGNATURE	H								12/-V-1	<i>[</i>
	PHYSICIAN'S NAME (Type)	/J. D. WILSO	N, M.D.	HA	atron	OVVIN,	MARYLA	ND	/	l. /	
224	BURIAL CREMATIC	JULY 27 19	7 ROHRERSVI		METHER		TION (CITY, TOWN, TRERSVI		MD.	(State)	
23	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	Λ		D BY REGIST		ISTRAR'S SI			J
\$	Dast 7 m	al Home 18	occialrio	ma.	Shell	y29.19	157.6 The	esti	Jou	vesso	1
-											

VS A1S (4) 15M 9/55

BUREAU V. S.

701 1957 TOP

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

3 should 00 DEPUTY VS. ATSME(S)

3. NAME OF

male

ves

ACTUAL

5. SEX

ONEAU V. C.

75	-	MARYLAND STATE	DEPARTM	ENT OF HEALTH	H-BALTIMORE, 18	3
		07951	CERTIFICA	ATE OF DEATI	H	Reg. Dist. No. 07915
	1.	LACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WO	here deceased lived. If institution b. COUNTY	Residence before admission) Washington
		. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	RAL and give nearest town)			
	L	Blue Ridge Summit 27	Years	H	Ridge Summit	
00		NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d STREET ADDRESS		e. ts residenc On a farm YES \ NO
		AME OF First	Middle	Lesi	4. DATE Month	
	<u> </u>	Tay	Leroy	Herzog		ly 23 1957
	5. 5	WHITE TO THE	_	8. DATE OF BIRTH	lost birthdoy)	F UNDER 1 YEAR IF UNDER 24 H Months Doys Hours Min
A	100	Vale WIDOWED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BL	DIVORCED	Sept. 18, 18	198   30 yrs.	12. CITIZEN OF WHAT COUN
1	\ \	during most of working life, even it retired)	ISHAESS OR HADOS	Baltimo		U.S.A.
- 4	18.	Salesman, Funniture   Own		14. MOTHER'S MAIDEN		
	ľ	Mac Herzog			e Devereaux	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17	NFORMANT	Addres	15
4	.  Ye1	No   If yes, give wor or dates of service) 186 as 28-	1500	Mrs Tor I I	Herzog, Blue Ric	
,		18. CAUSE OF DEATH [Enter only one couse per line for (a) (b	), ord (c).)	THE ORY THE I	ierzog, prue ure	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	0.0	for		ONSET AND DEAT
		420 / DUE TO	4	Cars wa		3 Minu
		Conditions if any which \	Jan 1	Carellain 8	100	111 41.
		gove rise to immediate	1 minutes 1	archecte r	MANUALLE CON	7.00
		tying cause last.	( tout the t	Zu houl	7	30 4111
	Ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTO
	CATION	002 X				YES NO
	CERTIF	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH	INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of item IB.)	
		OR CONTRIBUTING CAUSE OF DEATH				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU Hour o. 11. While Not wi		ACE OF INJURY (Home, farm clary, street, office bldg., etc	n, 20f. (City or town)	(County) (St
	ME	p. m. 19 While Not wi	KING I		7	
		21. I certify that I attended the deceased from	May	, 1947, to 2	3 July, 1957	that I last saw the dece
		alive on 22 July 1947, a	nd that death	occurred at 2	L.M. from the causes an	d on the date stated at
			1		ADDRESS (Street, gity or town, st	
j		ACTUAL SIGNATURE / A COLUMN A . Tan/	14.	M.D. Blue K	iden Lum	S. Sema 2 3
- /		PHYSICIAN'S PI T	· Fale			, , , , , , , , , , , , , , , , , , , ,
		NAME (Type) NODET!	E FCK,	<u>ц</u>		
	220	REMOVAL (Specify)	E OF CEMETERY OF		22d LOCATION (City, lown, or	
		Burial 7/25/57 In	orraine P		Baltimore	Md.
	20	THE PROPERTY OF THE PROPERTY O				
4,	23.,	Walter II Hung To	1340 - / (m)	PA PATELLI	D BY REGISTRAR 246. REGISTI	RAR'S SIGNATURE

BUREAU V. R.

10 SE 1057

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

SECEIVED 2 1957

CERTIFICATE OF DEATH 07909 Reg. Dist. No. 3.2 lii. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) o COUNTY o STATE b. COUNTY MARYLAND WASHINGTON MARYLAND WASHINGTON 15 O b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) RURAL and give nearest fawn) HAGERSTOWN WEEKS BOONSB**O**RO d. NAME OF HOSPITAL (If not in haspitol, give street oddress) . IS RESIDENCE ON A FARM? d STREET ADDRESS OR INSTITUTION YES NO 12 WASHINGTON COUNTY HOSPITAL SOUTH MAIN STREET 4. DATE NAME OF Middle Last Month Yeor DECE ASED OF DEATH (Type or print) ENTHELL MAY 1057 19 ů 9. AGE (In years lost birthday) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR) IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Davs DIVORCED [7] PEMALE WHITE WIDOWED [ 1891 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) STORE BOONSBORO WASH.CO.MD.U.S.A. 13 FATHERIS NAME 14 MOTHER'S MAIDEN NAME J. MARKWOOD HUFFER FLORENCE HUFFER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 7554ELMER C. HUFFER BOONSBORO WASH, CO.MD. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ? Austr commany verlusione Parumonio, le for - vines type Combon asteriosclerosis ONSET AND DEATH PART I. DEATH WAS CAUSED BY w minuite IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave tise to immediate DUE TO cause (a). Stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? 0 YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Day, Year 20d INJURY OCCURRED (Stole) (County) factory, street, affice bldg, etc.) 0. m While Not while at work | pl work D m 7 - 5 1957 ta 7-1-1. 1957 that I last saw the deceased 21. I certify that I attended the deceased from , and that death accurred at 1 P.M. fram the causes and an the date stated above alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNE 22b DATE THEREOF 720 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) BIR IAL 18 BOONSBORO BOONSBORO WASH, CO. MD 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. WIREAU V. S.

SECENAE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

with

filed

should

57 to

Pages

popers

abod

0

Filled

death.

BECEINED

BUREAU V. S.

ASSI IS JUL

C7911 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a COUNTY b. COUNTY WASHINGTON WASHINGTON MARYLAND MARYLAND death. 11 b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) the funshands YRS. HAGERSTOWN d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUT ON MARYLAND 925 AVE. MARYLAND AVE. within 24 hours NAME OF 4. DATE **First** Miridia DECEASED OF DEATH HUTZELL JULY FLOYD THEODORE (Type or print) 9. AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED DENEVER MARRIED B. DATE OF BIRTH last birthday) DIVORCED T 9/26/1907 49 yrs WIDOWED | MAT.F. OG USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if relired) FOREMAN RAIT ROAD MARYLAND 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ALVA HUTZELL EDITH YOUNKINS 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT ÑŐ 705-07-7782 MRS. ALVILDA HUTZELL 18 CAUSE OF DEATH [Enter any one cause per line for (a), (b), and (c) ] PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) DUE TO that permit. ony Canditians, if ony, which (b) gave rise to immediate DUE TO couse (a), stating the underlying couse lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Haur a.m. Not while at work of work 192 /that I last saw the deceased 21 I certify that I follended the deceased from ULWY alive on and that death accurred fram the causes and on the date stated above. DIRECTOR \$ (Street, city ar tawn, stole) ACTUAL PHYSICIAN'S NAME [Type] FUNER, 6 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 5 HAGERSTOWN ROSEÓ 23. FUNERAL DIRECTOR'S SIGNATURE -ADDRESS 756 REC'D BY REGISTRAR 24bi REGISTRAR S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No

Day

IF UNDER 1 YEAR IF UNDER 24 HES

U.S.A.

Hours

MD. INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

DATE SIGNED

(State)

YES []

12. CITIZEN OF WHAT COUNTRY?

Days

Address HAGERSTOWN

(County)

Manth

Months

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

19 57

BOUEVO A. E.

please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		l, crematian,	(
is necessory,	ector. Page		priar to burial, cremotian,	
If any delay	he funeral dir	for your File	4	
ofter death.	2, and 3 to #	r be relained	and 2 with th	
hin 24 hours	ive Pages 1,	Page 5 may	File pages 1	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	n Item 18. G	rewarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatived for your Plan.	MIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the regist	
ite shauld be	" in pencil i	fice along w	as a burial-tr	
This certifica	ard "pending	xaminer's Of	pold be used	
EXAMINER:	rriting the wo	ef Medical E	R: Pogs 3 sho	
Y MEDICAL	certificate, v	to the Chr	- RIRICT	اخ اخ
TO DEPUT	cute the	forward	TO FUNE	Or remo

				TATE DEPARTM				07	92 Jist. No	130	04		
1.	PLACE OF DEATH	Washing	ton	MARYLAND	2. USUAL RESIDENCE (	Where decear	b. COUNT	7 (	Strin				
Г	b. CITY OR TOWN (If and give nearest fown)	outude corporate limits, write	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)								
L		40 - mi E	BSt		Litt?	Little Orleans							
		at of institution (		oital, give street address)	d. STREET ADDRESS	ne				ON	A FARM?		
3	NAME OF DECEASED (Type or print)	Fin Elli		Middle Alton	Imes	4. DATE OF DEATH	Month آل	13	15 Day	ear 957			
5.	SEX	The second secon	7. MARRIE	D KI NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS.		
_	Male	White	WIDOWED		Sept. 11,18		61 yrs.	Months	Days	Hours	Min,		
10	a USUAL OCCUPATION during most of working Fe Ta	N (Give kind of work of life, even if refired) 11.11.12	done 10b. K	Bame	TRY 11. BIRTHPLACE (Sion Bedford	or foreign County	country)	12. CIT	iizen oi	USA.	COUNTRY?		
13	. FATHER'S NAME				14. MOTHER'S MAIDEN								
L		Irvin C. In	ie s		Marth	na E.	Imes						
		R IN U. S. ARMED FOI (If yes, give wor or date, of W W		None None	Mrs. Susan	A. Im	es Lit	tle C	rles	ins,	r.d		
	PART I, DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o)		or (a), (b), and (c).] Open fracture	skull				ONSE	YAL BETWI	FEN ATH		
	X	DUE TO		open fracture	lt tibis and	i fibu	le						
	Conditions, If an			closed fractu	re rt tibia s	and fil	bula						
	gave rise to immed (o), stating the u cause lost.												
ATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUT NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAS		P. WAS PERFO	AUTOPSY RMED?		
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING   20		HOW INJURY OCCURRED. ( estrian cross			t by onco	ming	car		- hand		
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 20e. PLA		c.): (	y or town) he neock	(Co	ounty)	ħ	(Stote)		
	21. I certify th	at I took charge	of the r	emoins described abo	ove, held on Autop	sy 🔲, I	nspection X,	Inqui	ry 🔲	and	find that		
	deoth resulted	from: Notural	couses [	, Accident 🗓, Su	icide [], Homicid	e 🔲, U	ndetermined c	ouse [	j				
	ACTUAL SIGNATURE	. Pole	47	hello	M D. CHIEF MEDICAL E	EXAMINER [	)			III AARTI	THE REAL PROPERTY.		
	EXAMINER'S NAME (Type)	S. Robe:	rt Wel	ls, M.D.	ASSISTANT MEDICAL		_	7.	-15-	57			
22	REMOVAL (Specify)	7-17-57	F 7	Methodist Ce		_	ittle Orl		- M <sub>2</sub>	(Stot ary I			
23	FUNERAL DIRECTOR	S SIGNATURE	1) 0	ADDRESS	24a. REC	D BY REGIS	TRAR 246 REGI	TRAC'S SI	VOL	100	4		

VS. A15ME(5) 5M 9/55



Andrew K. Coffman Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07912 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) Washington c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ON A FARM 20 East Raltimore YES | NO 4. DATE Year DEATH 19 July 5 1957 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Doys 12 CITIZEN OF WHAT COUNTRY? Funkstown Wash. Co Md. USA Martha Fisher Address Harvey R. Kershner 13 E. Baltimore St Funkatown Md. INTERVAL BETWEEN ONSET AND DEATH day PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) July 5, 19 57, that I last saw the deceased , and that death accurred at 4:20 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED North Potomac St. hagerstown. Laryland. 22d LOCATION (City, town, or Epunty) (Stote) Funkstown Wash.

BUREAU V. S.

DEALESEN

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

111

VS A1S (4) 15M 9/SS

L		(13	19	CERTIFIC	AII	COP DEATE	1		Reg. Dis	t. No.	302		
1.	PLACE OF DEATH D. COUNTY WAS	hington		MARYLAND		USUAL RESIDENCE (WIO. STATE		d lived If instituti b. COUNTY				n}	
-	b. CITY OR TOWN RURAL and give I	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF		prote limits, write R		440 17 100		-	
П	Hajersto			3 years		Baltin	nore						
	d. NAME OF HOSPI	ITAL (If not in hospital, s	ive street	address)		d. STREET ADDRESS					. IS RESID	ENCE	
		hurch Home				Unknown				YES NO			
3.	NAME OF DECEASED	Fi	sl .	Middle		Last	4. DATE	Mor	nth	Day	Ye	gr	
	(Type or print)	KATHERINL		L	FEID	DEATH	July		10	19	57		
5	lest birthgray 145-16										Hours I	24 HRS. Min	
- 1	remale	White	WIDOW		-	ptember 6,	1870	86 yrs	10	Days 5			
$\mathbb{R}^n$	<ul> <li>USUAL OCCUPATI during most of wo</li> </ul>	ION (Give kind of work irking life, even if retired	done 10b.	. KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12 CITI.	ZEN OF	WHAT C	OUNTRY	
	Housekee	per				Baltimore		yland	U.	S.A	•		
113	B. FATHER'S NAME				14	I, MOTHER'S MAIDEN N							
		andefeld				Cathe:	rine V						
	(es, no, or unknown)	ER IN U. S. ARMED FOR (III yes, give war or dates of i	CESP   16, ervice)	SOCIAL SECURITY NO.		EMANT		Add					
	no			none	Rev	. Hark Wan	ner	Ha erst	own, 1	ery.	land		
		EATH [Enter only one co EATH WAS CAUSED BY:	use per li	ine for (a), (b), and (c).]							TAND D		
П		IMMEDIATE CAUSE (c											
ı	/ ×	DUE TO	1	0 /	1	_ ,				-1.0			
П	Conditions, if	immediate (	,	every !	1/1	morrha	Edm			36 Lu			
	cosse (a), stating	the under- DUE TO	)										
12	lying couse lost			CONTRIBUTING TO DEATH B	IT NO	PELATED TO THE TERM	NAI DISEAS	E CONDITION ON	JENI INI DADT	1/21 10	U/AC AII	ITOSSY	
	7	MER SIGNIFICANT CON	DITIONS,	CONTROLL TO DEATH	31 1401		INAL DISCAS	E COMDITION SIN	PEN IN PARI		PERFORA	WED?	
- Ga	200 ACCIDENT W	AS_UNDERLYING	20b. DES	SCRIBE HOW INJURY OCCUR	RED (E	nter nature of injury in	Port I or Por	t It of item 18.1			YES 🔲 I	40 []	
CEPTIFICATION		G CAUSE OF DEATH Y MEDICAL EXAMINER)			,-								
MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Ye	1		PLACE	OF INJURY (Hame, form street, office bldg , etc.	20f. (Cit)	or town)	(Co	ounly]		(State)	
A P	Hour o m. p. m.	10	While of wa		rociory,	sireer, ornica olog , arc	,						
	21. I certify t	hat I attended the	decea:	sed from 7-9-	3	7. 19 . ta 7	-10.	7, 19	that Lie	nst sov	w the d	ecensed	
	alive on	7-10-57	. 19		th oc	ourred at 1341	M. from						
		1501	(2)	1				treet city or lown.		0 0010		E SIGNED	
·	ACTUAL SIGNATURE	1. All 1	1/2	10)	_ M.D.	Stes	un	low !	My		7/11	57	
	PHYSICIAN'S	1 52		0/15					_	>	/ /		
	NAME (Type)	7 2 3		er von			21.1	un en	<del>7</del>		1/5	<u> </u>	
1	PEMOVAL (Specify	ON, 226. DATE THERES	57	St. Paul's	,			TION (City, lown) o timore 1		٠ ما	/(State)		
2	L FUNERAL DIRECTO	R'S SIGNATURE	**	ADDRESS	011		D BY REGIST		STRAR'S SIG			. /	
	P. Fanhl	er Funeral	Home	lia cerstoum,	har	rland Land	1219	57 65	asH	100	مولان	W	
14										4-			

BUREAU V. K.

MINIESEN Vect at In.

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admiss on) a. COUNTY MARYLAND Washington Marvland b. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) D Williamsport Taneytown d NAME OF HOSPITAL (if not in hospital, give street address) 15 RESIDENCE Homewood ON A FARM? church Home YES T NOCT NAME OF Middle 4. DATE Year DECEASED LANDIS DEATH July 23 (Type or print) ISABELLE 1957 IDA 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Days Hours WIDOWED DIVORCED [7] Sept 22 Female White 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Ma. 17 CITIZEN OF WHAT COUNTRY? rbon pap during most of working life, even if retired) Own Home Middleburg Carroll Housework USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ij James L. Shriner Sarah E. Hann гетоме IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Homewood Church Home Records None liamsport CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last, PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES | NONF 206 DESCRIBE HOW NIURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, | 20f (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a m. Not while of work of work - 22 195 That I last sow the deceased 21. I certify that I attended the deceased fram, and that death accurred at 905 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Grace E&R Taney town Cemeterv Carroll Ca 0 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR S/SIGNATURE Coffman Hagerstown Md. 15M 9/55

MARYLAND STATE DEPARTMENT

OF HEALTH—BALTIMORE, 18

DECEIVED

BUREAU V. E.

TO MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 lide be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 12 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

I

		MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	07924
		07914	CERTIFICA	ATE OF DEATH	Re	a. Dist. No. 307,
)		PLACE OF DEATH COUNTY DOS Printed	MARYLAND	2 USUAL RESIDENCE (Who	b. COUNTY	
/		b. CITY OR TOWN (If autual cartorate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	I SHOW IN REPORT OF THE PARTY O	deide corporate limits, write RURAL	and give nearly)
		d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTO ON	hital	d. STREET ADDRESS	tom R.5	15 RESIDENCE     ON A FARM?     YES    NO
	1	NAME OF First DECEASED (Type or print)	Middle	Binte -	4. DATE Month OF DEATH	Doy Year 2 4-1- 19 5-1
	5.	SEX 6. COLOR OR RACE 7. MARRIED	2	8 DATE OF BIRTH	9. AGE (In years) IF U	NDER 1 YEAR IF UNDER 24 HRS.
1	10o	USUAL OCCUPATION (Give kind at work done 10b K during most af working life, even if retired)	CIND OF BUSINESS OR INDU	Hagy Late	ir foreign country)  1. Uzula · Co · Md ·	2 CITIZEN OF WHAT COUNTRY  U.S.A.
/	13	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME GIRON	
rt.	15 JYan	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	OCIAL SECURITY NO. 17	NFORMANT RUIS	Haggiation	nid R5
		18 CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0]	for (a), (b) and (c)]	strosity	J	INTERVAL BETWEEN ONSET AND DEATH HUGUN
		Cenditions, if any, which gave rise to immediate cause (e), stoling the under-				
	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CO	DINTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	3	20g ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature at injury in Po	ort t or Port It of item 18 )	
	MEDICAL	Hour e.m. While	JURY OCCURRED 20e. PL Not white all work	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f (City or town)	(County) (State)
		21. I certify that I attended the decease alive an 194	d fram VIII V		M, from the causes and	of I last saw the decease on the date stated above
1		ACTUAL SIGNATURE SIGNATURE	in	MD. 13	DDRESS (Street, city at town, slate)	DATE SIGNES
		PHYSICIAN'S G-WILEVA	n	gap van dich dich vier sich die sich sier sich ein vie gegen des sich von	nd.	
	1	BEMOVAL SPECIFY 226. DATE THEREOF	Count J	Was Centy	LOCATION (City Town, or con	Wash Co Mu
	23.	Brat 7 Level Home	Beroude	w md Judy	BY REGISTRAR 246 REGISTRAR	Howers
		* XV				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEINED

761 18 JUL

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 0

a. IS RESIDENCE

ON A FARM?

YES NO

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSERTAND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

Days

USA

(County)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RUBEAU V. E.

ZCUI = 1 7...

BECEINFIL

VS A15 (4) 15M 9/55

		MARY	LANI	STATE DEPART	MENT C	F HEALT	H-BA	LTIMOR	E, 18	)79	27	
		079	17	CERTIFI	CATE C	F DEAT	Н		Reg. I	Dist. No	30	52
1.	PLACE OF DEATH	C ON		MARYLAN	o. ST	L RESIDENCE (WATE	_	ь. со			re odmissi	on)
		(If outside corporale in	nits, write	c. LENGTH OF STAY IN		Y OR TOWN (IF				-	orest fown]	
		HRS 1'O N "ITAL (If not in hospital,	give stree	2 WEEKS	, d. 51	HAGERS'	LOWN				e. IS RESI	DENCE FARM?
		NGTON COU		HOSPITAL	153			TREET			YES 🗌	
	NAME OF DECEASED (Type or print)	TDA	first	Middle WTDC Thit A	1.//	COLLA NT	4. DATE OF DEATH	TITT SZ	Month 1.0	Do	*	eor
_	SEX	6 COLOR OR RACE	7. MA	VIRGINIA RRIED M NEVER MARRIED		GOWAN F BIRTH	1 244	19. AGE (In :	reors IF UNDI	ER 1 YEAR	IF UNDE	9 R 24 14R5
	FEMAL	WHITTE		WED DIVORCED	_		24.	lost birthi	doy) Months		Hours	Min.
Ōc	USUAL OCCUPAT	ION (Give kind of worl	done 10	6. KIND OF BUSINESS OR II						ITIZEN O	F WHAT	COUNTRY
	HOUSEW	irking lite, even it retire	(a)	OWN HOME	CI	TO THE MALLET						
3.	FATHER'S NAME	400		Wild Bearing	14. MO	THER'S MAIDEN	GROV NAME	L WAS	H.CO.P		U.S.	H-
		JACOB MAR	CHAI	т		REBEC		Tarti				
5.	WAS DECEASED EV	ER IN U. S. ARMED PO	RCES? 1	6 SOCIAL SECURITY NO	7 INFORMAN		JA, DI	IITH	Address			
ľe	Is. no. or unknown)	(If yes, give wor or dates of	POLAICO)	114-30 -4130	N.W.Mc	COLLANT	1 7 7 77	AST L	LE ST.	HAC	mo a m	CIJ
-	IR CAUSE OF D	ATH [Enter only one	Oute per		NEW JATE	GUNAN .	<u> </u>	WOT T	rr ole		ERST	
	7	ATH WAS CAUSED BY		( septe		in 11	iner	1		ONS	ET AND	DEATH
	492X	IMMEDIATE CAUSE		ynen	- www	way 01				0	2 4	- Co
	Constitution	DUE T	/4	15:7	a - ada		lal a	· · ·			00	200
	Canditians, if	immediate	(b)	unauce o	ALL	ce en	4 100	The same	PUA		o acc	M
	couse (o), stotin		0				1	/				
	lying couse lost		(c)	CONTRACTOR OF DELETING	DISTRIBUTE DELL							
The state of the s	539.1	THER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEA	SE CONDITIO	N GIVEN IN PA	LRT 1(0) 1	PERFOR	RMED?
	OR CONTRIBUTION	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER]	1 į	ESCRIBE HOW INJURY OCCL	RRED, (Enter n	oture of injury in	Port I or Po	rt If of item Ti	9 )			
	20c. TIME OF INJU		Whil	e Not while	PLACE OF IN	JURY (Home, form, office bldg., etc.	n, 20f. (Cit	y or town)		(County)		(Stote)
	p. m		at w	ark of work	The second	63 0	1	,	-7			
	21. I certify	hat I attended th	e deced	ased from YNGG	5	, ia//	4V	. 19	,that I	l last so	sw The d	decease
	alive an	4, 16	12	and that de	ath accurre	d at 1100.			ses and an	the da	te state	d abav
		11/11		1/2 -		0	ADDRESS (	Street, city or	town, stole)		7/DA	TE SIGNE
	ACTUAL SIGNATURE	000	LU	run	M D	120	DURA	1000			171	15
	PHYSICIAN'S NAME (Type)	G.W.	Le	Van					Mol.			
20	BURIAL CREMATI REMOVALISPECIF BURIAL	y)		22c. NAME OF CEMETER			I		own or county		(Stote	)
2			9 19	7 20000 3123	UEM UEM				WASH.	00.1	MD.	
1	AS THE	ul Name	0	Boousla	ond	24 REC	D BY REGIS	57 6	ECCY.	43	oce	200
		V -		-		///////						

BILBEVN N. Z

SECEIVE:

NÁ .		(795	5	CERTIFICA	ATE O	F DEATH	4		Reg. Dist. !	792	33
	1. PLACE OF DEA	Washingto	n	MARYLAND	2. USUAI o STA	RESIDENCE (Wh	ere decease	d lived. If institution b, COUNTY	Washin	efore admis gton	sian)
	b. CITY OR TO	OWN (If autside corporate lim	its, write   c. LEI	GTH OF STAY IN 16	e. CIT	OR TOWN (If o	ulside carpo	rate limits, write R	URAL and give	nearest law	m)
		give nearest tawn) stownm Md. R.F	D.		Hage	erstown,	Md.	Rural			
00		HOSPITAL lift not in hospital.		)	1	Conocoche	eague	Park)	1	ON	SIDENCE A FARM? NO
	3. NAME OF	Fi	rst	Middle		lost	4. DATE	Mon	th	Doy	Year
	(Type or print)	Dell	la	M M	e Kinz	ie	DEATH	7	1	5	19 57
	S. SEX		<del></del>	NEVER MARRIED	B. DATE OF	FBIRTH		9. AGE (In years	IF UNDER 1 YE		
	female	white	WIDOWED A	DIVORCED [	May ]	10, 1876		last buthday)	Months Doy	rs Hours	Min.
	100. USUAL OCC	UPATION (Give kind of work of working life, even if retired	dane 10b KIND	OF BUSINESS OR INDU	STRY 11. 8	RTHPLACE (State	ar foreign c	ountry)			T COUNTRY?
- //		ousewife	"	home		Cearfos	ss, Md	i.	ប	.S.A.	
/ '	13. FATHER'S NA	ME			14 MOT	HERS MAIDEN N	IAME				
		Samuel Soude	ers			Char!	lotte	Stoner			
	15. WAS DECEAS	EDEVER IN U. S. ARMED FO		L SECURITY NO. 17	NFORMAN	r		Addr	ress		
0	ne	I fir yes, give war or adim or	]	none							
	18. CAUSE	OF DEATH (Enter only one c	ouse per line for	o), (b), and (c) ]					1,1	NTERVAL 8	ETWEEN
	PART	I. DEATH WAS CAUSED BY:	Arter	iosclerotic l	Teart	Disease				onset and Unkr	NOWN
	11.00	DUE TO			-						
	1	s, if any, which )	La								
	gove rise	to immediate Collet	)								
	lying cous	stating the <u>under-</u>	c)								
	PART	II. OTHER SIGNIFICANT CON	-	BUTING TO DEATH BU	NOT RELAT	TED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 16	PERF	AUTOPSY ORMED?
		ENT WAS UNDERLYING D BUTING D CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRI	D. (Enter no	ature of injury in l	Part 1 ar Par	rt II of item 18 )			
	I!	FINJURY Month, Day, Yo	eor 20d. INJURY			JURY (Home, farm , affice bldg , etc		y ar lownj	(Caur	ну)	(Stole)
				Dec. 27	10	56 JU	ıfy 15	, ,, 57	that I last	a norma alba	doconce
		ify that I attended the	ta 57	ond_that deatl		9:30	CIAA fra				
	alive an_	0		, ond John Gean	Occurre			m the couses c itreet, city or town,			DATE SIGNEE
	ACTUAL	Clubic G	Sobeli	Then.			•		·		
1	SIGNATURE	/			. M D						
	PHYSICIAN' NAME (Type		pert Cohe	n, M.D.		Clear Sp	ring,	Maryland	July	16, 19	?57 
	220. SURIAL, CRI REMOVAL (	Specify)		NAME OF CEMETERY	OR CREMATE	ORY		TION (City town,		,	ale)
	buria	1 7-18-5		Rose Hill			4	agerstown			id.
		RECTOR'S SIGNATURE		ADDRESS MA		0	D BY REGIS	TRAR 245 REGI	STRAR'S SIGNA	TURE	. 60
j	Fred W.	Kraiss Hag	erstown,	riu.		DATE	cly19.	-51/20	my 1	nt	TREE
						-	-		100	/ /.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

10c 83 1057

BECEINED

M

I

		(795	6	CERTIFIC	CAT	E OF DE	ATH	ł		Reg. D	ist. No.	92	9
1	PLACE OF DEATH 6 COUNTY	Washing	ton	MARYLAN	- 11	USUAL RESIDEN	Md.	ere deceased	lived If institu b. COUN		nce before		
	RURAL and give n	If outside corporate limiteorest fown)		C. LENGTH OF STAY IN 1	ь	c. CITY OR TOW	,				give near	rest town	)
1	fural-W1.	lliamspor		9 mo.	_ X			11112	amspor	t			
	OR INSTITUTION	TAL (If not in hospital, g	ive street (	oddressj	R	d STREET ADDR		play				ON A	FARM?
3.	NAME OF DECEASED	Fir	şî	Middle		Losi	****	4. DATE	М	onth	Doy	,	Yeor
	(Type or print)	Mai	У	Ellen		Mello	tt	DEATH	JULY	~ 2	.2.		1957
5.	SEX Formal a	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	-	ATE OF BIRTH		_	9. AGE (In year lost bythdoy				
	female	white_	WIDOWE	D DIVORCED		larch 1	3,	1871	86 7	Months .	09,	Hours	Min.
10	<ul> <li>during most of wor</li> </ul>	ON (Give kind of work of king life, even if retired) BWLIE	Jone 105.	KIND OF BUSINESS OR IN	DUSTRY	7.0		or lore go co Land	υπΙτγ)	12. CI	TIZEN OI	US!	COUNTRY
13.	FATHER'S NAME				1	MOTHER'S MA	IDEN N	AME					
	Dar	vid B. Man	m				Mar	y E.	Creek				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFO	RMANT			A	idress			
	no	(it yes, give not or out an or		none	S	tephen	B.	Mello	ott, R	t. 1,	Fa11	rpla	ay, Md
Г	18 CAUSE OF DEA	ATH [Enter only one co	use Øer, lin	e forg(a), (b), and (c) ] )	1	-0;	1/		0		INTE	RVAL BE	TWEEN
	PART 1. DE/	TH WAS CAUSED BY:	a	rlerio &c	ler	olic 1	Ye	ant	Des	Base	- \D	ET AND	20,
	11	DUE TO					•					0	
	Conditions, if a												
П	gove rise to i												
	lying couse lost.	) (c											
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE	ETERMI	NAL DISEASE	CONDITION	HVEN IN PAI	RT 1(o) 19	PERFO	RMED?
	200 ACCIDENT WAR OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU!	RRED. (E	nter nature of inj	ury in P	ort I or Part	H of item 18)				
MEDICAL	Hour o.m.	RY Manth, Doy, Yes	20d. It While of work	Not while	PLACE	OF INJURY (Hom street, office bld	e, farm, lg., etc.	201. (City	or tawn)	(	County		(Stote)
	21. I certify th	at attended the	decease	of from Time	_/5	1957	1	lu i	(2, 10,5	Zthot I	last so	w tha	daceose
	alive on	ly 21.	12.5	Z and that dec	oth oc	0	P	M from	the causes	and on t			
	ACTUAL	stord	(0)	rewer	M.D.	Cle	ai	10/	brin	91	ld.	][]	3/5
	PHYSICIAN'S NAME (Type)	David	K	Brew	ey			· · · · · · · · ·		$\sqrt{}$			
22	BURIAL, CREMATIC	N. 226. DATE THEREC	F	22c. NAME OF CEMETER	OR CR	EMATORY		22d LOCAT	ION (City, town	, or county)		(State	e)
	Burial Burial		57	Greenlawn	2				liamsp		Md.		
23	FUNERAL DIRECTOR	SSIGNATURE	12	ADORESS TO A PARTY	11	24c		L .25.1		SISTRAR'S SI	GNATUR	Bo	La
_										1			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECEIVED TO

BUREAU V. S.

079313 Reg. Dist. No. 302

o COU	OF DEATH NTY	Washingto	on	MARI	YLAND	2 USUAL RESID 0 STATE	Md.	re deceased			Wash:			n)	
RURA	OR TOWN (IF on a condition of the condit	ulside corporate limiti est town] ONTI	, write	c. LENGTH OF STAY		CITY OR TO	own (II out	,		vrite RU	RAL ond gi	ive neares	il lown)		
d NAM OR II Wa	e of Hospital NSTITUTION ashing	(If not in hospital, gr ton Co.	Hosp:	ital		d STREET AC	odress 13 Su	ummer	St.				IS RESID	ARM2	
3 NAME ( DECEAS (Type or	OF EED print)	Luth		Middle AMES	e	Moats.	_	4. DATE OF DEATH			y 10	Doy	1957		
5. SEX Ma		white	7 MARRIE			May		.893	9. AGE (In lost bigth	years I day) yrs,	Mapiha !	YEAR IF	UNDER	24 HRS Min	
during	coccupation must of working stodia.	(Give kind of work d g life, even if retired) N.	one 10b, K	Newspap			eryla		ountry)		3	USA	WHAT (	OUNTRY	
13. FATHER	'S NAME					14 MOTHER'S	MAIDEN NA	ME							
	Henr	y P. Moa	ts			Sı	usan	Davi	.s						
15. WAS D	ECEASED EVER I	N U. S. ARMED FORC	ES? 16 SC							Addre					
n	100	yes, give wor or other or ver	2	14-09-25	5415	Mrs.	Anna	May	Moat	s,	Hage:	rsto	own,	Md.	
1B. C	PART I. DEATH	WAS CAUSED BY- WAS CAUSED BY- MMEDIATE CAUSE (a), DUE TO	B7	rouching	gen		Cuin		Wit	Ĉ.		INTERV	AND E	WEEN	
gove	ditions, if ony, irise to imn (o), stoting the couse lost.	nediote ( DUE TO		widesp	nod	LURYA	istasu	<u>ا</u>				18	-wi		
NOIL /	S	significant cone		na selu		NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITIO	N GIVE	N IN PART		WAS AS PERFOR ES []	WEDS.	
	CCIDENT WAS I INTRIBUTING E HER, NOTIFY MI	UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY C	OCCURRED	(Enter nature of	injury in Pa	art I ar Porl	I II of item 1	B )					
	ME OF INJURY Hour o.m. p.m.	Manth, Day, Yea 19	While	Not while	20a. PLA foci	CE OF INJURY (H tory, street, office	ome, form, bldg., etc.)	20f (City	or lown)		(Co	ounly)		(Stote)	
21, 1	certify that	,1 attended the	decease	d from NOU	2_1_	19.56	to_d	uly	10.19	255	that I le	ast saw	the d	le ceased	
alive	an 24	-/ /0	, 195	$2_{-}$ , and that	t death	occurred at_									
ACTUA SIGNA	AL TURE	charl (	w. E	1/10 TIL		AD 2171	Al		reet, city or				7/1	E SIGNED	
PHYSIC	CIAN'S =	Sward	w. i	) Hom	MI)	14-0	z sers	four	י ניי	Ma	<u> </u>				
220 BURIA BULT	L. CREMATION, VAL (Specify)	7-13-57		22c. NAME OF CEM Manor		etery	1		110N (City, 1			on,	(State) Md		
23 EUNER	ALDIRECTOR'S	SIGNATURE .	1	ADDRESS 1	See	- Link	ola REC'D	BY REGIST	FAR 246	PEGIC	RAR'S SIGI	BA	ee	000/	

ZSGT ZLT 701

PECEDAJI)

07919 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY a. STATE b. COUNTY MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN IF buring corporate finite, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN HAGERSTOWN YRS. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? POTOMAC ST. 832 S. POTOMAC ST. YES TO NO TY NAME OF Middle 4. DATE Month Year Day DECEASED WILLIAM LANE. MOORE JULY (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years Months Doys Hours WIDOWED | DIVORCED [7] 14/1910 100 USOAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OFFICE CLERK AIRCRAFT CO MARYLAND U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUET, M. MOORE MARY ELIZABETH HARSHMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT ATAGERSTOWN MD. YES 18. CAUSE OF DEATH [Enter only one couse per line INTERVAL BETWEEN ONSEWAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTINGATO DEATH BUT NOT RELATED TO THE TERMIDAE DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES [7] NO. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour e. m. Not while of work at work & 21. I cortify/that Lattended the deceased from that I last saw the deceased alive on and that death accurred at extension M, from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 228. LOCATION (City, town, or county) (State) FAIRFIELD FAIRFIELD CEM 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

carbon g

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

AUG 20 1957

DEALEDER

within 21

TAL SS JOY



VS A15 (4) 15 # 9/SS

## . MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07921 CERTIFICATE OF DEATH

Reg. Dist. No. 3932

î,	PLACE OF DEATH  o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	Wash	hington		MARY	LAND	o. state Ma	rylan	đ	b. COUNTY	Wasl	hin to	n
	b. CITY OR TOWN (If RURAL and give nea	autside corporate lin	nits, write	c. LENGTH OF STAY	IN 1b	c CITY OR T	OWN (If or	stride corpo	rote limits, write !	RURAL and give	nearest law	m)
	liagerst			2 hrs.		03 Hagerstown						
	d. NAME OF HOSPITA	L (If not in hospital,	give street	address)		d. STREET A	DDRESS				e. 15 RE	SIDENCE
	vachin to	n County I	Toamit	al		1 226 A	Lexan	der S	treet			A FARM?
3	NAME OF		ırst	Middle		Losi		4. DATE	Mo	- eL		
	DECEASED	LICNA	11.00	ELIEN		MUNDEY		OF	July	ain -	0ay 1 7	Year 1957
		6. COLOR OR RACE	7 44000			B. DATE OF BIRTH		DEAM		IF UNDER I YE	AD IS LINE	
		White	WIDOWE	HED NEVER MARRIE		June 11.	7 27 5		9. AGE (In years lost birthdoy)			
10-	USUAL OCCUPATION			- 420	-		J. J.		42 yes.	1	5	T COUNTRY?
	during most of working	ng life, even if retire	ed)	KIND OF BUSINESS O	IL INDUS							L COUNTRY?
	<u>Housewif</u>	9							marylan	d U.S.	A	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
		t Mills					L	izzie	Nanemak	er		
15. jve	WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY NO.	. 17. It	FORMANT			Add	Iress		
	none				11	rs. Char	Lotte	Ease	nbuhler i	Hagerst	own, l	Id.
	18. CAUSE OF DEAT	H [Enter only one	couse per lir	e for (a), (b), and (c).			-		一、「ナ	TOKET	NTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARD 10 V QSCU QY  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARD 10 V QSCU QY  REPORT ON SET AND DEATH											
	420.0	DUE T		. 1			+	/	mr 1 mas	-		12
	Condition to any which a City to Time Carlo											
	gove rise to immediate Dust 70											
	cose (o), stoling the under Due to Arterial Cle Natic West distance US											
z	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY											
TIO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in storm teath co	110110110		1	0 ~	The real	C)	COMBINONO	FEIN IN PART ITO	PERF	ORMED?
F	20- ACCIDENT MAR	(INDERIVING F)	120h DEC	COLOR HOLL HAVE OF	CCUBOTO		000	3	Vull-		YES [	1 ио
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Itam 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
CA	20c. TIME OF INJURY	Month, Day, Y			20e. PLA	CE OF INJURY (I	tome, form,	20f. (City	or town)	(Coun	ity)	(State)
MED	Hour o.m.	19	While at worl	Not while	100	ory, sireer, orne	blog., etc.)	i				
	21. I certify the	at Lottended th	a dacaar	nd from	,	10 5 5	5 7	-17	, 19.5	Abak I last		4
	alive an 2 - 1		10 5				-					
	dilve dil		17.4.	/, and mar	death	occurred at.		_M, from	the causes of th	and on the a		ed abave. ATE SIGNED
	ACTUAL	, , ,	21	MA.		1.1	Of 5	ODNESS (S	7	al-a	2	I T- ~
	SIGNATURE_	-WWV		70.4	/	A.D	-4-5	1 - VY	NTTANG	MAN -		:! <u> </u>
	PHYSICIAN'S NAME (Type)	Louis	6	Groft	M	D. F.	7113	r1)	· UNE	· 1ml.		
220	BURIAL CREMATION	, 226. DATE THERE	OF	22c. NAME OF CEME	TERY OF	CREMATORY			ION (City, town,	ar county)	(Sto	te)
	irial	7/20/195	57	Rose Hil	l Ve	metery	0	liager	stown,	1	Maryla	ind
23.	FUNERAL DIRECTOR'S	signature r g ineral	Home	ADDRESS	-	1	244 REC'D		- M	STRAR'S SIGNA	TURE	./
1	? Fromble P		110110	Ha wrstow	الد و 11	Q.	Shotole	ZOL	157 Este	24/7/20	revel	N

LEGET OFF TON

07922 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY .. siAtt Maryland washington MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Weeks Hagerstwon d. NAME OF HOSPITAL (if not in hospital, give street oddress)
OR INSTITUTION
Wash. County Hospital d. STREET ADDRESS 15 RESIDENCE
 ON A FARM? Virginia Ave YES NO 126 4. DATE NAME OF First Middle Month Day Year DECEASED OF DEATH SOPHIA NORRIS IDA (Type or print) July 5 1957 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Female DIVORCED [7] Dea 30 1877 White WIDOWEDIC 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111 BIRTHPLACE (Stole or foreign country) Md 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Housewife Boonsboro Wash. USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George N. Keplinger Sabina A. Palmer 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs Betty Laigh 3 St Albans Drive Nο None CAUSE OF DEATH [Enter only one couse ber line for (a)) (b), and Hamp-ton PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED1 YES 🗍 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m While Not white of work at work p. m. 21. I cortify that Vattended the deceased from 19\_\_\_\_that I last saw the deceased alive on\_ z, and that death occurred 612 M. from the causes and an the date stated above. ADDRESS/Street city or town, Alotel DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City town, or county) Burial 57 Rest Hamen Cemetery Hagerstown Wash. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24 RECID BY REGISTRAR Coffman Hagerstown Ld

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

pleose 0



750 IO 1057



颹

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(7923 CERTIFICATE OF DEATH

07934 Reg. Dist. No. 302

5. SEX  6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH  9. AGE (In years lost birthday)  100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  112. CITIZ WILLIAM MOTHER'S MAIDEN NAME  123. FATHER'S NAME  124. MOTHER'S MAIDEN NAME  125. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  185. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  186. CAUSE OF DEATH [Enter only one couse per line for (g), (b) and (c)]  187. PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  188. CAUSE OF DEATH [Enter only one couse per line for (g), (b) and (c)]  189. CAUSE OF DEATH [Enter only one couse per line for (g), (b) and (c)]  180. Conditions, if ony, which (b)	INGTON								
WASHINGTON COUNTY HOSPITAL  1102 S. POTOMAC ST.    And Composition									
DECLASED (Type or print)  FOLLMER  DELL  PALMER  DEATH  JULY  AGE (In years   16 to the third of	IS RESIDENCE     ON A FARM?     YES  NO								
MALE WHITE WIDOWED DIVORCED 11/23/1872  NOTIFIED USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  RETTRED CABINET MAKER FURNITURE CO. PENNSYLVANIA  13. FATHER'S NAME JAMES R. PALMER  14 MOTHER'S MAIDEN NAME MARY E. BRUCH  15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (9), (b) and (c)]  PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions, if any, which (b)  Conditions, if any, which (b)	26 19 57								
MALE WHITE WIDOWED DIVORCED 11/23/1872 84/15  Too USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  RETTRED CABINET MAKER FURNITURE CO. PENNSYLVANIA  13. FATHER'S NAME  JAMES R. PALMER  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  I'ver approximately provided to service) 16 SOCIAL SECURITY NO 17 INFORMANT  I'ver approximately provided to service) 214-09-1863 MRS. ANICE MILLER  18. CAUSE OF DEATH [Enter only one couse per time for (g), (b) and (c)]  PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions, if any, which (b)  Conditions, if any, which (b)	YEAR IF UNDER 24 HPS								
DETTRED CABINET MAKER FURNITURE CO. PENNSYLVANIA  13. FATHER'S NAME  JAMES R. PALMER  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per ine for [0]. [b] and [c]]  PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions. if ony, which									
JAMES R. PALMER  IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  IT OF PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions. If ony, which (b)  Conditions. If ony, which (b)	U.S.A.								
18. CAUSE OF DEATH [Enter only one couse per me for (p). (b) and (c)]  PART! DEATH WAS CAUSED BY MEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which approach to a mediate of the country									
PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which  Bove rise to unmediate  (b)  DUE TO  Conditions of the	STOWN MD.								
Conditions, if any, which (b) Prototic Cyletophy	INTERVAL BETWEEN ONSET AND DEATH								
Gove rise to immediate	Conditions if any which?								
gove rise to immediate couse (a), stating the under.    Solution   Color   Color   Color   Color   Color      Solution   Color   Color									
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES ALL NO []									
200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m  P. m  19 While Nat while of work all work all work are possible of work.	iunty) (State)								
21. I certify that the deceased from 5/22/51, 19, to July 26th, 19 57, that I last saw the deceased									
alive an Jimy 26th. 1957 and that death accurred at 2:10 PM, from the causes and an the									
ACTUAL That & Market (Street, city or town, stote)	ADDRESS (Street, city or town, stote)  DATE SIGNED								
signature // Wycleum Mo/ 159 W. Washington St. Hagerst	com 7/27/57								
PHYSICIAN'S Philip J. Hirshman, M.D. 159 W. Washington St., Hagerstown,	Maryland								
220 BURIAL, CREMATION, 220 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county)	(State)								
PURIAL 7/29/57 ROSE HILL CEM. HAGERSTOWN  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS	MD.								
W. V. Horment, Hagerstown, Mid July 29,1957 6 hast	Bowers								

DECEINED

BUREAU V. S.

11	8	£/	-
ő	X	3 (	E:
•	-5	18	100
,ei	70	Œ	inage and the
8	- P	قد	
Ō	Fun	2	
ě	9	ğ	
6	=	TR C4	9
5.5	9	D	
Š	15		
7.7	6		
c	Ē	20	
<u>*</u> E	>	Ö	
3	e e	:/	-
2	ğ	2	-
5	0	BE.	
×	ъ	18	
0	S	8 2	
à	S	200	
to	Ü.	0 0	
F.	2	200	
E	ā	E X	
ŭ	Ď,	25	
£	ğ	8.5	
-0	Ŧ	ᇫ	
9	0	S =	
Ξ	Ę	흔활	
٤	5	- 0	
55	9	E E	
-	ne Zu	₹.5	
Ď,	: -%	Z =	
2	9	č o	
0 3	28	후목	
e 6	īő	0 0	
F 9	25	E E	
Ž	5	9 7	
≤ :	ž.	# 5	
S :	5 6	8 6	
¥ ;	5. 🛴	o o	
<u></u>	£ 5	7 5	
9	1 5	4	
<b>a</b> 3	AF	io de	
Z :	2 22	5.6	
E ;	9	0 0	
<b>4</b> 3	ָהַ פּ	9 5	
Ö		d'i	
1	5 0	3~2	
T	7	2	
£ 3	E E	0 0	
0 ;	5	90 -	
7	IL.	8 4	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNEWAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled; by the funeral director.	page 3 and be detached for use as the burial-transit permit. Then please remove carbon papers. Page: A 2 should be filed with the registral prior to burial, crematian, or removal, and in any event within 72 hours after death.	
VS	A15	[4]	
15	M 9/	55	

	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE,	18	
	07924	CERTIFICA	TE OF DEATH	1	() 7 Reg. Dist. No.	338 21
)	), PLACE OF DEATH  COUNTY  MASHING! ON	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLAND	ere deceased lived. If institution is the country was		re admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN	c. LENGTH OF STAY IN 16 7DAYS		utside carporete limits, write REEK RURA	_	irest fown)
,	d NAME OF HOSPITAL (If not in hospital, give street on INSTITUTION		d STREET ADDRESS HAGERSTOW			. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) ABNER	Middle	to:1 AULSGROVE		Aonth Da	***************************************
	5. SEX 6. COLOR OR RACE 7. MARR	RIED THE NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In year lost birthday	Months Days	IF UNDER 24 HRS. Hours Min
,	100 USUAL OCCUPATION (Give kind at work done 10b. during mail of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign country)		F WHAT COUNTRY
	RETIRED FARMER OW	N FARM	14 MOTHER'S MAIDEN N		MD. U.S	•A•
^	15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yar, no, or unknown) (II yes, give war or dafes of service)		HANNAH F NFORMANT RS.SARAH PA	^	AGERSTOW	N MD.RI
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c).		estual o	clotust.	INTE	ERVAL BETWEEN SET AND DEATH  2 Clay2
	Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying</u> Couse last.	ringer of	to let M	Cascinian St	va -	2 yes
	PART II. OTHER SIGNIFICANT CONDITIONS C Seneral 13e	0 - 1	NOT RELATED TO THE TERMIT	VAL DISEASE CONDITION (	SIVEN IN PART I(a)	9, WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	), (Enter noture of injury in P	art I or Port II of item 18 )		
	ZOC TIME OF INJURY Month, Doy, Year While P. m. 19 of world	Not white foo	CE OF INJURY (Home, form, lory, street, office bldg., etc.	20f (City or town)	(County)	(State)
	21. 1 certify that I attended the decease olive on 19.		/ /	M, fram the couses		t <del>a</del> stated above
-	SIGNATURE SCLWQ, OW,	WIND III	no. 317 W.	Washing	You St	DATE SIGNED
	PHYSICIAN'S Edward W.  220 BURIAL CREMATION 226. DATE THEREOF	Ditto III,	17.) Hasesa	town, M	12	
	BURIAL' JULY 7 195	BEAVER CRE	EK CEMETERY		EEK WASH	
	BAST FUNERAL HOME	BUCNS BOILE	MD. Jarly	9.1957 6 h	CAHIZE	ever
			//			

BUREAU V. Z.

7961 II 70C

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3 A AVEIN

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07926 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY **b.** COUNTY MARYLAND MARYLAND WASHINGTON WASHINGTON b CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN LIFE d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM? RT.#1 HAGERSTOWN COUNTY HOSPITAL YES NO TY NAME OF Middle 4. DATE Month Yeor OF DEATH BRUCE THERON (Type or print) RINEHART 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HPS lost birthday) Months MALE WIDOWED [7] DIVORCED X 54yrs 10a. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MACHINE SHOP MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES HENRY RINEHART LEONA WOLFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AddreHAGERSTOWN MR. THERON RINEHART 214-09-6041 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 45 dave Myocardial Infraction IMMEDIATE CAUSE (o). **DUE TO** Acute myocardial failure Conditions, if ony, which Severe Diabetes M. dave gove rise to immediate **DUE TO** couse (o), stoting the under-Atrophy of pancreas lying couse tost. PAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) 20c TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Not while none of work at work \_\_\_, 19\_57\_,that I last saw the deceased 1954 to July 18 21. I certify that I attended the deceased from July 19.57...., and that death accurred at 12.15.1M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 115 N. Potemac Street 7-20-57 Hagerstown, Maryland S. Robert Wells. M.D. PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) REST HAVEN CEM HAGERSTOWN

ADDRESS#

230 REC'D BY REGISTRAR

VS A1S (4) 1SM 9/SS 23. FUNERAL DIRECTOR'S SIGNATURE

BECEINED

BUREAU V.

70F S4 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SECTORIES AND ASSESSED AS SECTION AS SECTION AS A CONTRACT OF SECTION A

0 1. PLACE OF DEATH o. COUNTY HACKERS TOWA MARYLAND WASHINGTON within 21 hours after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 HAGERSTOWN d NAME OF HOSPITAL (If not in hospital, give street address) NORTH WASHINGTON COUNTY HOSPITAL NAME OF DECEASED First Middle (Type or print) ANNA MAE RO 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED R DIVORCED | papers. FRMATIR 100 USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUS during most of working life, even if retired) puo HOUSE WIFE OWN HOME ofter 13 FATHER'S NAME physicion within 72 hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. ottending NO NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). requires that the DUE TO OUX Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. **buriol-Ironsit** (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRE MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PL Hour o.m. Not while at work . of work 21. I certify that I attended the deceased fram. > Units alive on\_\_\_\_T DIRECTOR: ACTUAL SIGNATURE O HOSPITAL OR PHYSICIAN'S NAME [Type] 220. BURIAL CREMATION. 226 DATE THEREO! 22c NAME OF CEMETERY O REMOVAL (Specify) BOONSBORO O.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07928

07940

ATE OF DEATH	ł				A7
			Reg. Dist.		
2. USUAL RESIDENCE (Who o. STATE		f institution COUNTY	n Residence i	before adm	ilssion)
MARYLALI	) 1	ASH.	INGTO	N	
e. CITY OR TOWN (IF or	· ·	s, write RU	RAL and give	nearest to	wn)
HAGERS	LOMN				
d STREET ADDRESS					ESIDENCE A FARM?
2208 VIRG	INIA AVE	MIE:		YES	П ио П
Lost	4. DATE OF	Month	)	Day	Yeor
ITZAHN	DEATH JU	Y 2	7 195	7	19
8. DATE OF BIRTH	9, AGE		Mantha Do		
OCTOBER 12	3 1 1 mm at 23 mm	yrs.	Manths Do	ys Hou	rs Min.
STRY 11. BIRTHPLACE (State of	or foreign country)		17 CITIZE	N OF WH	AT COUNTRY?
BOONSBORG	WASH. C	O.MD.		S.E	
14 MOTHER'S MAIDEN N					
ANNA N	MCALLIST	TR			
NFORMANT			trota 1	DDMC	PECT S
HARLES V.ROI					PECT 5
HANIES VARVI	TIZARIIN H	A CONTRACTOR	STOWN	INTERVAL	BETWEEN
	4			ONSET AN	ID DEATH
Lumo niti	У			2	45+1
			1		
NOT RELATED TO THE TERMI	LIAI DIEEASE COLINI	TION OWE	AL IN BART II	-1 10 144	CALITOREY
INOT KEENTED TO THE TERMIN	ANT DISEASE COMDI	UON GIAE	N IN PART I	PER	FORMED?
N 4F A	land & on Book III of the	- 10 )		YES	NO
D, (Enter nature of injury in P	off for Fort II of Itel	n 10 j			
	Task value				
ACE OF INJURY (Home, form, tory, street, office bldg., etc.)			(Cov	nty)	(State)
11 . 195 6 10 3	JULY 2-7.	1957	that I las	t saw th	e deceased
accurred at 6:15					
	ADDRESS (Street, city				DATE SIGNED
M.D. 214 N.	Pot S	+ -			
11			4		
Ha	Serst	OUV	1 1	11d	
R CREMATORY	624 LOCATION (CIT	y, lown, or	county)	(51	iote)
AL ACTION CONTES		O 774		277	

ELIPEAU V. S.

YSUI I 500

BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

R N DART

7561 98 JUL

DECENTED

BUREAU V. S.

PECEIVED.

DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

1961 PG 700

BECEIVED

ofter death.

within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

BECEINED

13-19

ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-BALTIMORE, 1	8

67933 CERTIFICATE OF DEATH

07945 Reg. Dist. No. 302

Reg. Dist. No. OVA									
	1 1	PLACE OF DEATH COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Who STATE WAT Y Land	ere deceased fived If institution: Residence	before admission)			
		b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest tawn)					
		RURAL ond give neorest lawn) However at American	10 Yrs	Hager		,			
	<u> </u>	Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street		d STREET ADDRESS	5 001122	a. IS RESIDENCE			
2		OR INSTITUTION 713 Marshall ct	G(01423)	/	rshall St	ON A FARM?			
	1	NAME OF DECEASED (Type or print) LOUISA	WILES	SPRANKLE	4. DATE Month OF July 13	Day Year 1957 19			
	5. 5	SEX 6. COLOR OR RACE 7 MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS			
		Female Shite widowi	DIVORCED _	Nov 9 1864	92 yrı.	Pays Hours Min			
4	10a	USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	ar foreign country) M.C 12. CITIZ	EN OF WHAT COUNTRY?			
I		Housewife	Own Home	Hagersto	wn Wash, Co	USA			
_	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	*			
		Jacob Wiles		Louisa	Wiles				
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	Address						
		No live and a soul or soul or	None M	argie Dawson	n 711 Marshall	t			
		18. CAUSE OF DEATH Enter only one couse per la PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  7 / X  Conditions, if ony, which gave rise to immediate couse (a), stating the under.  DUE TO	ne for (0), (b), and (c).)  ex 21600	Hagers	22 2031	INTERVAL BETWEEN ONSET AND DEATH			
	_	tying couse last. (c)							
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED?  YES NO S			
		200 ACCIDENT WAS UNDERLYING [] 206 DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Port II af ilem 18 }				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d II Haur o. m. 19 Of wor	Nat while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town) (Co	uniy) (Stote)			
		21. I certify that I attended the deceas		19.57, ta	_	ist saw the deceased			
		olive an 12 15 19 19 19 19 19 19 19 19 19 19 19 19 19	L_L_,_, and that death		M, from the couses and an the	date stated abave.  DATE SIGNED			
1		ACTUAL SIGNATURE & Colom & S.	- ovellah	M D	no contract the contract that the contract t	7/15			
8		PHYSICIAN'S #/ds 4 8 H	Loachlonin						
	220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, lawn, or county)	(Stole)			
		Burial 7/16/57	Rose Hill C	emetery H	agerstown Wash.	Co Md.			
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			VATURE			
	A	ndrew K. Coffman Hag	erstown Md.	Siller	17.1957 Conastil	Toweld			

V\$ A15 (4) 15M 9/55

2 .V UATAIL.

MATTER

BUREAU V. R.

10F S4 1823



07935 CERTIFICATE OF DEATH Rea, Dist. No. filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY b COUNTY Washington Washington Maryland MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town) 30 yrs. Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 1213 Crescent Road ON A FARM? 1213 Crescent Road YES NO 50 NAME OF Middle 4. DATE Year Day DECEASED Pages (Type or print) CARL V TAYLOR DEATH July 19 57 6. COLOR OF RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years campletely lost birthdoy) Months Days Nov.1.1894 Male WIDOWED | DIVORCED | popers. 10a USUAL OCCUPATION (Give kind at work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington County, Md. Firemen W.Md.R.R. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen S. Tarlor Martha Trone 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1213 Crescent Road 214-09-0961 Mrs.Leona Thomas Taylor Yes Hagerstown . Md . INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) Comman DUE TO Conditions, if any, which gave rise to immediate DUE TO cotise (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPS PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II at item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (Slale) Hour a.m. factory, street, office bldg., etc.) While Not while at wark | p. m. , 19\_\_\_\_, la\_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased 21. I cortify that Lattended the deceased from , and that death occurred at 8:30 AM, from the causes and an the date stated above. ADDRESS (Street, city or fawn, state) **DATE SIGNED** 136 North PotomacSt. PHYSICIAN'S Hagerstown, Maryland WEEKS . M.D. HOWARD N. NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Ruriai Rest Haven Cemetery Hagerstown Md. 23. FUNERAL DIRECTOR'S SIGNATURE 26. REC'D BY REGISTRAR 24M REGISTRAR'S SIGNATURE Rest Haven Funeral Chapel Inc. Hagerstown, Md.

death.

within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OFCENTED !

VS A1S (4) 15M 9/S5

	MENT OF HEALTH-	

07936 CERTIFICATE OF DEATH

Reg. Dist. No. 07948

	1. PLACE OF DEATH o. COUNTY Washington MARYLAND					2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Maryland b. COUNTY Washin ton								
	- 1	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
		RURAL and give nearest town) Ha crstown			7 weeks 1	day	Rural	Name	rstow	n x				
	-	d. NAME OF HOSPIT	AL (If not in hospital, g	ive stree	1 address)		d. STREET AC			1		e	IS RESIDEN	NCE
/	Vachington County Mospital				Huyett	s Cro	ss Ro	ads		1	YES NO			
	3 [	NAME OF DECEASED	Fin	d	Middle		Lost		4. DATE OF	Mai	nth	Day	Year	
		(Type or print)	MARY		LOUISE		TRUMPOW	ER	DEATH	July		16	195	57
	S. 5	SEX	6. COLOR OR RACE	7. MAI	RRIED 🔣 NEVER MARRIED	□ 8	DATE OF BIRTH			P. AGE (In years last birthday)			F UNDER 24	
	44	remale	White	WIDOV	VED DIVORCED		uly 17,	1091		65 yrs	morans !	2975	Hours	Min
	100	. USUAL OCCUPATION during most of work	N (G've kind of work o ing life, even if retired)	ione 10b	. KIND OF BUSINESS OR	INDUST	TY 11. BIRTHPLA	CE (State of	or foreign co	ountry)	12. CITI	ZEN OF	WHAT CO	UNTRYP
		ouscuife					Washi	njton	Coun	ty, Laryl	and	U.S.	.A.	
	13,	FATHER'S NAME					14. MOTHER S /	MAIDEN N	AME					
1			Lewis Dough	hert	У			Laur	а мае	Shank				
1	15. (Yes		R IN U. S. ARMED FOR		S. SOCIAL SECURITY NO.		ORMANT			Add				
		no			hone	Mr.	Claren	ce V.	Trun	Tower Ma	.:-rsto	WT.,	is.e	
	Due to Pneumonitis of lungs; Pericarditis; myocarditis;  Conditions, if ony, which gave rise to immediate coess (o), stoling the under lying couse last  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTT PERFORMS								mos ?	OPSY 50?				
!	MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Yea None 19	White		facto	E OF INJURY (H ry, street, office	ome, farm, bldg., etc.	20f. (City	ar lawn)	(Ca	ounty)	(1	(State)
1		ACTUAL SIGNATURE	Robert Wood Robert Work Robert Work Robert Work Robert Work Robert Work Robert Work Robert Robert Robert Work Robert Robert Robert Work Robert Robert Robert Work Robert R	19	2000 and that d	M. ERY OR	Ha REMATORY	1:25P 5 N. gerst	Potoma own, I 22d. LOCAL St. I	n the causes of reet, city or lawn, ac Stree Maryland HON (City, tawn, Paul 15,	t ar county)	7-	stated of DATE 17-57  (State) and	abave. SIGNED

DECENALE

	0795	7	CERTII	FICATE O	DEATH	.—p.z.	IIIIIORE, I	Reg. Dist.	()7) u. 3	941		
1. PLACE OF DEATH	ASHII GTON		MARY	II a STAT	RESIDENCE (WH		d lived If instituti b COUNTY	on: Residence				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  PIG POOLS  8 YEARS				N 1b c. CITY	11013 177							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SHARKTOWN ROAD					d STREET ADDRESS SHANKTOWN ROAD							
3. NAME OF DECEASED (Type or print)	CHARLE	9I	LION. TVI	GJ	Lost	4. DATE OF DEATH	Mon	7	30	Year 5		
5. SEX	6. COLOR OR RACE WHITE	WIDOW		o Fas.	I,I37	14	9 AGE (In years last birthday) 83 yrs.		Pays Hour	rs Min		
during most of w  LABOR  13. FATHER'S NAME	TION (Give kind of work rorking life, even if retired	done 10b.	FARM	MA	RYLAND		ountry)		EN OF WH	AT COUNTR		
JACOB T	WIGG EVER IN U. S. ARMED FOR	CES? IA	SOCIAL SECURITY NO		ISE HA	RWOO!	) Add	- I - I - I - I - I - I - I - I - I - I				
[Yes, no. or unknown]	(If yes, give wor or dates of	2	32-26-389		AK <b>TE</b> J	. [T.,]	IGG BI		Le, i			
	PEATH WAS CAUSED BY: IMMÉDIATE CAUSE (	1	Arteriosc					60	ONSET AN	ID DEATH		
Conditions, if gove rise to couse (a), statis lying cause to:	immediate DUE TO	· ·	Myocardia	l heart f	ailure ·	- grad	le <b>iv</b>	***	2	yre		
\[\bar{\bar{\bar{\bar{\bar{\bar{\bar{	OTHER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH SUT NOT RELATE	D TO THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN PART I	PER	S AUTOPSY FORMED?		
	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)		None				t II of item 18.)					
W 20c. TIME OF INJ Hour o. s p. n	90 WAST 10	White	NJURY OCCURRED  Not white at work	20e. PLACE OF INJU foctory, street, o 23.013.0	RY (Hame, form, office bldg., etc	20f. (City	or town)	(Co	unly)	(State		
21. f certify alive on	that I attended the July 24  S. Police	12	ed from May 57, and that a	death occurred	ot Till P	M, fran	treet, city or town,	ind an the	date sta	e decease ated above DATE SIGNE B-1-57		
PHYSICIAN'S NAME (Type)	S. Robe	rt We	11e, M.D.		Mageret	own, l	Maryland					
REMOVAL (Speci	(Jug, 3)	) F 1957	2 200 0	TERY OF CREMATOR	Y		TION (City, Iown, CINTSTON)		(St	lale)		
23 FUNERAL DIRECTO	OR'S SIGNATURE	00	ADDRESS	. h. 0	24a. REC'C	8Y REGIST	1 0	TRAR'S SIGN	ATURE 02	trel		

MARYIAND STATE DEPARTMENT OF HEALTH.

Blibern a ...

DEALES.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No cremotion 2. USUAL RESIDENCE (Where deceased fixed. If Institution: Residence before admission) PLACE OF DEATH e. COUNTY g. STATE b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (Il outside corporate limits, write RURAL E. LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town! Williamsport, Nd. Hagerstown 19 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 132 N. Conococheague St. Washington Co. Hospital YES TO NO TO NAME OF DECEASED OF DEATH Terry Ann Tvler (Type or print) July 10 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. colored WIDOWED [7] Female Months Hours June 21, 1957 DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during reast of working life, even if retired) Maryland none USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lee Robinson Doris Lorrain Tyler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no Williamsport. Doris L. Tyler none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e) (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMEDS YES NO 20o, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg , etc.) Hour a.m. Not while at work of work p. m. 21. I certify that I taak charge of the remains described above, held on Autopsy 4. Inspection []. Inquiry , and find that Accident , Suicide , Homicide , Undetermined cause death resulted from: Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 Riverview 1-57 Williamsport. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Prems 4
Phl. +

Z .V UARHUR

255 51 700



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

15M 9/55

07951

. IS RESIDENCE

ON A FARM?

YES NOTE

Year

1957

Reg. Dist. No. 300

Day

IF UNDER I YEAR IF UNDER 24 HPS

Hours

12 CITIZEN OF WHAT COUNTRY?

Pennsylvania

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO TH

(State)

DATE SIGNED

(Stote)

Dovs

(County)

U.S.A.

Franklin

BUREAU W. E.

DECENTED

07952 Reg. Dist. No. 302

1. PLACE OF DEATH				m ST	AL RESIDENCE (WI	here deceased			before adr	hiss on)	
Wash	ington		MARYEA		ryland	4	Wa shin	gton			
b CITY OR TOWN RURAL ond give	I (If outside corporate lim	c. LENGTH OF STAY IN	- 0	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)							
Hage	rstown		6 Week	8 07	Has	rerst	nvio				
d. NAME OF HOSP TAL (If not in hospitot, give street address) OR INSTITUTION					d. STREET ADDRESS					RESIDENCE A FARM?	
	conv. Hor	ne			317 Fore	est n	rive			□ NO 🔳	
3 NAME OF DECEASED	Fi	rst	Middle		Losi	4. DATE OF	Mor	th	Day	Yeor	
(Type or print)	PRUDENCE		ANN	WAGAM	GAMAN		July	Lv 7 1957		19	
5. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	8 DATE O	OF BIRTH		9. AGE (In years		YEAR IF UT	NDER 24 HRS.	
Female	White	WIDOW	ED TO DIVORCED [	00	t 4 1864	1	92 yrs.	Months (	Days Hou	irs Min	
100. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY 11.	BIRTHPLACE (State	ar fareign co	iunity) Md.	12. CITIZ	EN OF WH	AT COUNTRY	
House	wife	"	Own Home		Sharpsbu	irg Wa	ash. Co	TI	SA		
13. FATHER'S NAME					THER'S MAIDEN N				WAS .		
Aaror	Frev				Barbar	ra Mo:	rrow				
15. WAS DECEASEDE	VER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17 INFORMAL			Add				
No	(If yes, give wor er dates of	divical ?	None		Margare			Fore	st D	rive	
IB CAUSE OF D	EATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]	116	gers to	711 210	•			BETWEEN	
PART I D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	a Am	turiasclur	ofin '	ant Di	0430				ONSET AND DEATH	
11005			-14 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1								
Conditions, if		LI	pertensive	Cand	wise 1	( n )	lease.			months tain	
gave rise to	Immediate	-	OOLCOHELVC	, 0010.	L V / L C 1		THO DA		001	ASTIT	
couse (a), statin		,									
lying couse los		)							1		
Z 1 /			CONTRIBUTING TO DEATH					EN IN PART	1(o) 19. W/	AS AUTOPSY REORMED?	
5 Au			lation; Jo	<u> </u>					YES	□ NO 🗗	
O THE ELLHER MOLL	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	206 DES	CRIBE HOW INJURY OCC	URRED (Enter i	ature of injury in (	Part I ar Part	II of item 18 )				
	URY Month, Day, Ye			e. PLACE OF II	JURY (Home, farm	20f. (Cily	or lawn)	(Co	ounly]	(Stote)	
Mour o. n	10	of war	k of work	today, site	ii, onke olog , ek	·J					
21. I certify	that I attended the	deceas	ed from Sept.	6 1	956_, to Ji	11 v 7	1957	that I la	ast saw ti	e decease	
ative on_J		195	.7, and that de		,	-					
	110		,				rest, city or town,			DATE SIGNE	
ACTUAL SIGNATURE	(1)	Man.	~	M.D. 1	C Profe	oceio	nal Art	a Bld	lg. 7	-8-57	
PHYSICIAN'S NAME (Type)	lilliam T.	Lay	man		larerst	own		wing	1 1	d	
	ION, 226 DATE THERES	)F	22c. NAME OF CEMETE	RY OR CREMAT	ORY	276 LOCAT	ION (City Iown	or county)	15	itate)	
REMOVAL (Speci	7/9/57		Mt. View (	Cemete	rv Si	j .	burg Wa			. ,	
23. FUNERAL DIRECTO			ADDRESS			D BY REGIST		STRAR'S SIGI			
A	V Caffen	- U-	orana kassa 1	1.3	Lech	010/9	257 /2to	114	40	-nas	
WENTER	A. UGIIMS		gerstown 1	HOL.	48	7,001	1 SPILE	My!	1000		

DECENTED.

BUREAU V. S.

O HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEINEU

Z961 6 10.

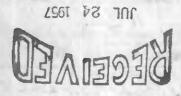
BUREAU V. K.

CERTIFICATE OF DEATH 07958Rea. Dist. No. with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admissign) a. COUNTY **b.** COUNTY MARYLAND b. GITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) TRAL and give nearest togrn) ornes. 1020 dayAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM eccles MILLAMA YES NO. NAME OF Middle DATE Year フー ジー DECEASED (Type or print) 19 5. SEX 6. COLOR DR BACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH last birthday) Months Doys Hours WIDOWED [ DIVORCED YES. popers. 100. USUAL OCCUPATION (Give kind of work done 196, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? we 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S' ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) 447X DUE TO Conditions, if any, which permi gove rise to immediate **DUE TO** casse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year (County) (State) factory, street, office bldg, etc.) Hour om. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. ..that I last saw the deceased alive an UM and that death occurred at M, from the causes' and an the date stated above. ADDRESS (Streef, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 SURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stole) 0 EUMERAL/DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRARIS SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AUG 2 1957

BUREAU K. E.



BUREAU V. E.

CERTIFICATE OF DEATH

. Time In the second of the second

AND PROPERTY OF THE PARTY OF THE

BUREAU V. E.

~ D.

7997 8 Jun